

Participation of people experiencing disabilities in organized sports

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Von der Philosophisch-humanwissenschaftlichen Fakultät der Universität Bern auf Antrag
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Der Dekan: Prof. Dr. Ernst-Joachim Hossner

Preface

This cumulative doctoral thesis consists of three manuscripts. The first manuscript is a systematic literature review conducted at the Institute of Sport Science at the University of Bern by Dr. Christoffer Klenk, Prof. Dr. Siegfried Nagel, and me, Julia Albrecht. The second manuscript is based on data from the European project “Social Inclusion and Volunteering in Sports Clubs in Europe” (SIVSCE; January 2015 – December 2017) led by Prof. Dr. Bjarne Ibsen and Dr. Karsten Elmosø-Østerlund. Prof. Dr. Siegfried Nagel and Prof. Dr. Torsten Schlesinger were responsible for the Swiss part of the project. The SIVSCE project was supported by the Erasmus+ Sport program of the European Union under grant number 2014-3140/004-001. Besides Jenny Adler Zwahlen, I mainly contributed to the project implementation in Switzerland. The project “Strukturelle Bedingungen der Teilhabe von Kindern und Jugendlichen mit Behinderungen am Vereinssport” (Structural conditions of participation for children and adolescents with disabilities in sports clubs; January 2016 – March 2017) is the basis for the third manuscript. This project was co-funded by the Federal Office of Sport under grant number 16-05 and led by Prof. Dr. Siegfried Nagel and Dr. Christoffer Klenk with me as a contributor.

I would like to thank Prof. Dr. Siegfried Nagel for his valuable support of my work and prompt constructive feedback as well as for being a supervisor to talk to and to find solutions whenever difficulties arose. Moreover, I would like to thank Prof. Dr. Torsten Schlesinger for his second opinion on this doctoral thesis and his helpful feedback at colloquia. I would also like to thank my office colleagues, the department Sport Sociology and Management and the entire Institute of Sport Science for the fruitful scientific exchange as well as the friendly private talks. Special thanks goes to my former office and project colleagues Dr. Christoffer Klenk and Dr. Jenny Adler Zwahlen. In addition, I would like to thank Prof. Dr. Karsten Elmosø-Østerlund for contributing to one of the manuscripts of this doctoral thesis. I would like to thank Silvana Jucker, Jacqueline Müller, and Sandra Schäfer for their valuable assistance in the project “Strukturelle Bedingungen der Teilhabe von Kindern und Jugendlichen mit Behinderungen am Vereinssport”. I also extend my gratitude to the board members, coaches and members of sports clubs who took the time to fill out the surveys within the framework of the two projects. Furthermore, I am very glad that I could gain additional scientific experience in the project SoPariS (Social participation in sports, “Soziale Partizipation im Sport”; project management: Prof. Dr. Siegfried Nagel, Prof. Dr. Michael Eckhart & Dr. Stefan Valkanover) and want to thank the SoPariS team for interesting content-related discussions and the friendly working atmosphere. Outside of the sports science world, I would like to thank my friends, especially the Tschakka group from Bern. Last but certainly not least, I am grateful to my family, especially to my husband Jakob and my two sons Emil and Noah as well as to my (grand)parents and brothers in Heidelberg, for their patience and support, for teaching me what is really important in life and for making me such a happy person, too.

Abstract

Policy initiatives like the United Nations Convention on the Rights of Persons with Disabilities, which Switzerland ratified in 2014, demand the full and equal participation of people experiencing disabilities in mainstream and disability-specific sports activities. Organized sports are thought to promote the participation of people experiencing disabilities, as it can provide a platform for creating social networks. However, people experiencing disabilities show lower participation rates in organized sports than the general population. Moreover, they often practice in separate disability training groups and sports clubs because they face social exclusion from integrative/inclusive mainstream sports. A systematic literature review (manuscript 1) of recent research on social participation of people experiencing disabilities in organized sports in separate settings (i.e., only with other people experiencing disabilities) and integrative/inclusive settings (i.e., alongside people experiencing and not experiencing disabilities) shows that organized sports can support but also hinder social participation of people experiencing disabilities. These ambiguous findings imply that social participation strongly relies on specific factors and conditions at the individual level, organizational level of training groups and sports clubs, and at the environmental level. Therefore, this doctoral thesis aims to provide insights into the degree of social integration of sports club members experiencing disabilities and compares it to that of members without disabilities. First, we conducted a quantitative study (manuscript 2) on data from 13,098 members in 642 sports clubs across ten European countries (1,482 study participants experiencing at least one disability). Second, for a qualitative study (manuscript 3) 16 training groups in Switzerland where people experiencing disabilities participate were selected. Out of the 16 training groups, 3 integrative/inclusive training groups were selected for an in-depth multiple case study. Non-participant observations and semi-structured interviews with coaches and participants were analyzed thematically. In manuscripts 2 and 3, social integration is defined as a multidimensional concept that focuses on socio-cultural (culturation) and socio-affective (interaction, identification) dimensions as well as the additional dimension of placement in manuscript 3.

The findings of manuscripts 2 and 3 show that members experiencing disabilities are to the same extent socially integrated as members without disabilities, except those experiencing certain disability types. Especially relevant factors for social integration of members experiencing disabilities on the individual level are affiliation with and participation in a club (volunteering, participation in competitive sport, long-term membership, frequency of sports participation, team/group size). In manuscript 2, higher education level is among the relevant factors that facilitate understanding/acceptance of members experiencing disabilities, but it also negatively correlates with identification. Members experiencing social restrictions score lower in interaction and identification. Manuscript 3 shows that members need their own initiative and/or social support for joining a training group. Furthermore, in manuscript 2, we show that participants experiencing disabilities that practice in both settings (separate and integrative/inclusive) are slightly better socially integrated regarding interaction than those practicing in a separate setting only. Overall, this doctoral thesis shows that the degree of social integration seems to rely more on individual than on organizational factors. However, factors on the organizational and environmental levels to compensate for individual disadvantages have to be considered in the future.

The cumulative doctoral thesis includes the following manuscripts:

1. Klenk, C., Albrecht, J., & Nagel, S. (2019). Social participation of people with disabilities in organized community sport. A systematic review. *German Journal of Exercise and Sport Research*, 49, 365–380. <https://doi.org/10.1007/s12662-019-00584-3>
2. Albrecht, J., Elmoose-Østerlund, K., Klenk, C., & Nagel, S. (2019). Sports clubs as a medium for integrating people with disabilities. *European Journal for Sport and Society*, 16, 88–110. <https://doi.org/10.1080/16138171.2019.1607468>
3. Albrecht, J., Nagel, S., & Klenk, C. (under review). Social integration of members with disabilities in sports clubs: A multiple case study. Submitted to *International Review for the Sociology of Sport* on 05/10/2020.

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List of abbreviations

BASPO	Federal Office of Sport (Bundesamt für Sport)
BehiG	Disability Equality Act (Behindertengleichstellungsgesetz, Bundesgesetz über die Beseitigung von Benachteiligungen von Menschen mit Behinderungen)
BFS	Federal Statistical Office (Bundesamt für Statistik)
BSV	Federal Office of Social Insurance (Bundesamt für Sozialversicherungen)
EBGB	Federal Office for the Equality of Persons with Disabilities (Eidgenössisches Büro für die Gleichstellung von Menschen mit Behinderungen)
EDI	Federal Department of the Interior (Eidgenössisches Department des Inneren)
ICD-10	International statistical classification of diseases and related health problems
ICF	International classification of functioning, disability and health
IV	disability insurance (Invalidenversicherung)
INSOS	branch association of social institutions with services for people with disabilities in Switzerland (Soziale Institutionen für Menschen mit Behinderungen Schweiz)
IQ	intelligence quotient
J+S	Youth and Sports (Jugend und Sport)
OLS	ordinary least squares
RSS	Wheelchair Sports Switzerland (Rollstuhlsport Schweiz)
SIVSCE	Social Inclusion and Volunteering in Sports Clubs in Europe
SpoFöG	Sports Promotion Act; (Sportförderungsgesetz, Bundesgesetz über die Förderung von Sport und Bewegung)
SPV	Swiss Paraplegics Association (Schweizer Paraplegiker-Vereinigung)
UN CRPD	United Nations Convention on the Rights of Persons with Disabilities
WHO	World Health Organization
WP	work package

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1 Introduction

In 2014, Switzerland ratified the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD, 2006). According to the UN CRPD, all persons experiencing disabilities¹ have the right to full and active participation in society on an equal basis with others. Article 30 specifies this for the area of sports. Accordingly, States Parties are responsible for encouraging and promoting the participation² of people experiencing disabilities in mainstream sports activities at all levels but also to ensure that people experiencing disabilities have the opportunity to organize, develop and participate in disability-specific sports activities. For that, signatories must encourage the provision of appropriate instruction, training, and resources. Furthermore, States Parties must ensure access to sports facilities and services from those involved in the organization of sports activities. Moreover, the Convention emphasizes that children experiencing disabilities must have access to sports activities, including those in the school system.

These demands aim to assist more than one billion people that experience at least one form of disability and therefore experience restrictions in their everyday life (World Health Organization [WHO], 2011). 18 % of the Swiss population aged 16 and over is affected by a disability. Like the WHO, the Swiss Federal Statistical Office (Bundesamt für Statistik [BFS], 2020) defines people experiencing disabilities according to the Disability Equality Act (2002) from a biopsychosocial perspective as people who have a permanent health problem and are moderately or severely restricted in everyday activities.

Sports practice provides important biopsychosocial benefits (e.g., Becker, 2014; Hölter, 2013) and in particular organized sports are considered to have a high potential for social integration in and through sports (S. Braun & Finke, 2010; Elling et al., 2001; Kanamori et al., 2012; Østerlund & Seippel, 2013; Rimmer, 2008). Accordingly, sports and especially sports clubs are a common ground to initiate and establish social contacts (e.g., Michelini, 2018; Taylor & Doherty, 2005). Moreover, policymakers often ascribe sports clubs an important societal role, as they can encourage the integration of vulnerable population groups (S. Nagel, Elmoose-Østerlund, Adler Zwahlen, & Schlesinger, 2020). Therefore, involvement in organized sports is particularly important for people experiencing disabilities (Ecorys, 2018) as a platform to foster participation (National Paralympic Committee Germany, 2014). However, the functional logic of sports is separation, and the population experiencing disabilities' engagement in sports activities is lower than that of the non-disabled (e.g., Sotiriadou & Wicker, 2014; Ullenhag et al., 2012), especially in the organized sports setting (Becker & Anneken, 2013; Martin, 2013). Moreover, they often practice sports in separate categorical settings, e.g., specific disability training groups and sports clubs (Collins & Kay, 2014; Patel, 2015). The underrepresentation and separation of individuals experiencing disabilities in organized sports settings can only be

¹ This doctoral thesis relies on the term persons experiencing disabilities, except for literal translations and fixed names where the term people with disabilities is used. Chapter 3.2.3 discusses the semantic difference between the use of persons experiencing disabilities, disabled persons, and persons with disabilities.

² This doctoral thesis refers in the following to participation as a general term in the sense of the International Classification of Functioning, Disability and Health (WHO, 2001). The terms social participation (Koster et al., 2009) and social integration (Elling et. al, 2001; Esser, 2009) refer to the specific concepts explained in chapter 2.

explained to a limited extent by a lack of willingness or motivation of people experiencing disabilities (Becker & Anneken, 2013). This implies that sports offers of (mainstream) sports clubs are not congruent with individual preferences (Lamprecht et al., 2012) and that there exist various barriers to sports participation (e.g., Shields & Synnot, 2014). These barriers can depend on individual factors on the micro level and organizational (i.e., structural) factors on the meso level of organized sports as well as on environmental factors on the macro level that can hinder sports participation of people experiencing disabilities (e.g., Jaarsma et al., 2015; Jaarsma et al., 2014). These micro, meso, and macro level factors might be also relevant for integration and inclusion processes and therefore for social participation and social integration, respectively.

Sports activities for people experiencing disabilities include separate categorical activities, integrative activities, as well as modified inclusive activities designed for all (see chapter 2.2.4). Although inclusive structures are often glorified as gold standard each setting might be equally important (Kiuppis, 2018). On the one hand, political recommendations point towards integration and inclusion, and on the other hand, research showed ambivalent findings with both, benefits (e.g., Elling et al., 2001), but also negative effects including exclusion and discrimination as restrictions are more visible (e.g., Coalter, 2007; Reuker et al., 2016). This indicates the need for an in-depth understanding of the context factors relevant to positive or negative outcomes of participation. However, previous studies rather concentrate on structural integration, i.e., the mere membership in a sports club or the simple participation in a sports activity, than on biopsychosocial health outcomes and if so, then rather on biological health outcomes than on psychosocial outcomes like social participation or social integration. Moreover, existing studies mainly focus on the physical education context (Block & Obrusnikova, 2007; Qi & Ha, 2012; Reuker et al., 2016), but social participation or social integration in organized sports, in particular in (mainstream) sports clubs, is still an unattended research area (Shapiro & Pitts, 2014).

According to Radtke (2018), the state of research in German-speaking countries is currently divided into three areas: academic support of participation measures, expansion of participation in sports clubs, and expansion of participation in competitive sports. However, the daily business of sports clubs regarding participation as main providers of organized sports activities in Switzerland (Lamprecht et al., 2012) and in many other countries (Hoekman et al., 2015) are not considered. Due to this general research gap as well as the lack of studies dealing with social participation or social integration of people experiencing disabilities within organized sports settings, the objective of this doctoral thesis is to explore the participation of people experiencing disabilities in organized sports settings. Thereby the following general research questions are of interest.

1. Which organized sports settings do people experiencing disabilities participate in and what does their social participation look like?

2. To what extent are members experiencing disabilities socially integrated into integrative/inclusive training groups and sports clubs in Europe and Switzerland³ compared to members without disabilities?
3. What factors on the individual (micro) level, organizational (meso) level of training groups and sports clubs, and environmental (macro) level are relevant for the social integration of members experiencing disabilities?

Dealing with the first research question, the aim of a systematic literature review (manuscript 1) is to gain comprehensive knowledge about the sports settings in which people experiencing disabilities participate as well as measures of social participation in different sports settings. To deal with research questions 2 and 3, two empirical studies were conducted. As part of the European project “Social Inclusion and Volunteering in Sports Clubs in Europe” (SIVSCE) comparable quantitative data of sports clubs and members on social integration and its underlying factors across ten European countries were collected (manuscript 2). The Swiss project “Structural conditions of participation for children and adolescents with disabilities in sports clubs” (BASPO project, “Strukturelle Bedingungen der Teilhabe von Kindern und Jugendlichen mit Behinderungen am Vereinssport”) used a qualitative approach to investigate eight separate training groups strictly for members experiencing disabilities and eight integrative/inclusive training groups where members experiencing disabilities practice alongside members without disabilities. The results within this doctoral thesis focus on the participants of three selected integrative/inclusive training groups due to political demands in the ongoing inclusion debate (manuscript 3)⁴.

The systematic literature review and the two studies outlined in this introduction contribute to the objective of this doctoral thesis in different ways. The systematic literature review (manuscript 1) gives a first overview of the settings of organized sports where people experiencing disabilities participate and on their social participation. Thereby it maps out the research field and gives a summary of existing studies and their theoretical and methodological approach. The European project supplies comparable quantitative data about social integration and relevant factors for the social integration of people experiencing disabilities in European sports clubs (manuscript 2). Manuscript 3 of the doctoral thesis delivers in-depth information about relevant factors with a focus on training groups in the German-speaking part of Switzerland where members experiencing disabilities practice alongside members without disabilities.

This doctoral thesis is structured by section. Chapter 2.2 discusses the contextual background by explaining the underlying concepts of social participation and social integration as well as defining the settings of participation. The theoretical frame of reference including the underlying actor-theoretical multilevel model for the analysis of participation of people experiencing disabilities in organized sports, in which the studies of this doctoral thesis can be

³ The European study focuses on social integration in sports clubs; the Swiss study investigated social integration within both training groups and sports clubs.

⁴ The BASPO project had a broad focus investigating separate and integrative/inclusive training groups about the conditions of participation that goes beyond the contents of manuscript 3, which rest on three cases. The final project report by Klenk, Albrecht, and Nagel (2017) describes the other contents in more detail. Furthermore, the researchers presented these at various congresses.

classified, and theory on disability is presented in chapter 3. Chapter 4 gives an outline of disability sports in Switzerland as one of the studies for this doctoral thesis focuses on the social integration of people experiencing disabilities in organized sports in the German-speaking part of Switzerland⁵. The general literature overview of the current state of research that leads to the research desiderata is given in chapter 5. Subsequently, the methodological designs of the studies are presented in chapter 6. Chapter 7 includes the summary and discussion of the central findings of the three journal articles. The general discussion in chapter 8 reflects the generated benefit for research and is devoted to the limitations and implications of this doctoral thesis.

⁵ The disability sports system is explored from a cross-national comparative perspective in the book "Disability sport in Europe" edited by van Lindert et al. (in progress). The country-specific chapter on disability sports in Switzerland by Albrecht et al. (in progress) serves as a basis to get an overview of the structural situation of the Swiss disability sports landscape.

2 Conceptual background

2.1 Concepts of social participation and social integration

While system integration describes relationships between parts of social systems, social participation, or social integration, refer to the relationships between individuals within a social system (Lockwood, 1964). Social participation, or related concepts such as social integration or social inclusion, are not conditions that describe external and objective facts that are independent of the persons (Kobi, 1994), but a process of mutual rapprochement of the persons that is never fully completed (Rheker, 2008). The fundamental condition of social participation, or social integration, is structural integration, i.e., formal integration in an institution (Elling et al., 2001), e.g., membership in a sports club. The degree of social participation, or social integration, is observable through the relations, the intensity, and the frequency of social exchange processes (Kobi, 1994).

There are various concepts regarding the participation of socially vulnerable groups (e.g., people experiencing disabilities), which have various advantages and strengths. The broad concept of social participation according to Koster et al. (2009) is used for the systematic literature review (manuscript 1) to give an overview of social participation and its outcomes. The more specific concept of social integration (Elling et al., 2001; Esser, 2009) is used in the SIVSCE project (manuscript 2) and the BASPO project (manuscript 3) to give more specific insights on social integration of people experiencing disabilities in training groups and sports clubs.

2.1.1 Social participation

In their review referring to the peer group of pupils with special education needs within regular education, Koster et al. (2009) describe social participation as the social dimension of inclusion or integration. They therefore argue that the terms social inclusion, social integration, and social participation may be used interchangeably. They distinguish between the four main themes of friendships/relationships, contacts/interactions, perceptions of pupils with special education needs, and social acceptance by classmates, which have a crucial influence on the positive and negative aspects of social participation. In the context of organized sports and within this document, these themes can be described as follows. *Friendships/relationships* refer to the friendship network and the presence or absence of mutual friendships. *Contacts/interactions*, as a dimension encompasses whether persons (experiencing and not experiencing disabilities) are playing together, working together on tasks, participating in group activities, whether there are unacknowledged or acknowledged initiations to get in contact as well as whether persons feel socially isolated. *Perceptions* include the self-perception of peer acceptance, satisfaction within the sports organization, the social self-concept, the self-perception of social competence, and loneliness. *Social acceptance* includes social preference, social support behaviors, bullying, and social rejection.

2.1.2 Social integration

According to Elling et al. (2001), the multidimensional concept of social integration consists of structural, socio-cultural, and socio-affective integration. These dimensions are used as a

basis for manuscript 2. *Structural integration* means physical participation in a sports organization, i.e., the mere membership. The stages of structural integration include minimal, competitive, organizational, direct, and inverse integration. Case studies in manuscript 3 cover different stages in order to have a purposive sample. *Socio-cultural integration* is the understanding of various values and norms. *Socio-affective integration* covers social relationships.

According to Esser (2009), social integration is more than structural integration. Therefore, Esser's (2001, 2009) four dimensions of social integration include *culturation*, *interaction*, *identification*, and *placement*. These are used as theoretical background in manuscript 3. *Culturation* (Esser, 2009), which Elling et al. (2001) describe as socio-cultural integration, includes the acquisition of knowledge about values and norms, competencies, preferences, and habits. It also includes the acceptance of and the behavior according to the written and unwritten rules of a social group, in this case, the training group and sports club. Furthermore, it includes the understanding of procedures. *Interaction* (Esser, 2009) refers to the establishment and preservation of social relationships and networks. This dimension includes both the quality of the relationships within the club and contact with other club members outside of the club. It also covers the presence or absence of conflict with other members, aspects of mutual respect, and appreciation through other members as well as social support for the practice of sports and in other areas. According to Elling et al. (2001), this is one aspect of socio-affective integration. *Identification* (Esser, 2009) is the emotional devotion, i.e., loyalty and feeling of belonging, to a social system or group. It includes proudness to belong to a club, emotional connectedness and sense of belonging to the club, importance of the club in life (e.g., most important place to practice sports), for instance, the wearing of club clothing and special features or qualities of the club. According to Elling et al. (2001), this is another aspect of socio-affective integration. Esser's (2009) additional dimension of *placement* means the assumption of rights and duties as well as the filling of positions, including voluntary work and active participation in voting, for example, at the club's general assembly. This includes whether members are interested in the planning in the management of the club, taking part in discussions about club affairs with other members, and contributing ideas to the club. In contrast to the other dimensions, hierarchical positions are distributed here.

Manuscript 2 refers to the concept of Elling et al. (2001), since it is already established in the English-speaking literature on sports organization research. The strengths of Esser's (2009) concept are that it is more specific with one dimension more and better suitable with the multilevel approaches in these projects. Therefore, the dimension of socio-affective integration (Elling et al., 2001) is subdivided into *interaction* and *identification* in manuscript 2.

2.2 Settings of participation

2.2.1 Separation

In terms of separation in general (see Figure 1), different social groups are completely separated and do not have any contact with each other. For the group of people experiencing disabilities this means that people experiencing disabilities are separated from people without disabilities, sometimes even based on the type of disability. They receive education to be a useful member of society and are allowed to participate whereas within exclusion they would

be regarded as incapable of participating in society (UN, 2016). Moreover, in contrast to exclusion, where people experiencing disabilities are marginalized and their care and support is a matter for the family, they have the security of supply and are recognized as educated valuable individuals. With regard to sports settings this means that they have the option of participating in sports, but they practice in specific training groups and separated sports clubs for individuals experiencing disabilities.

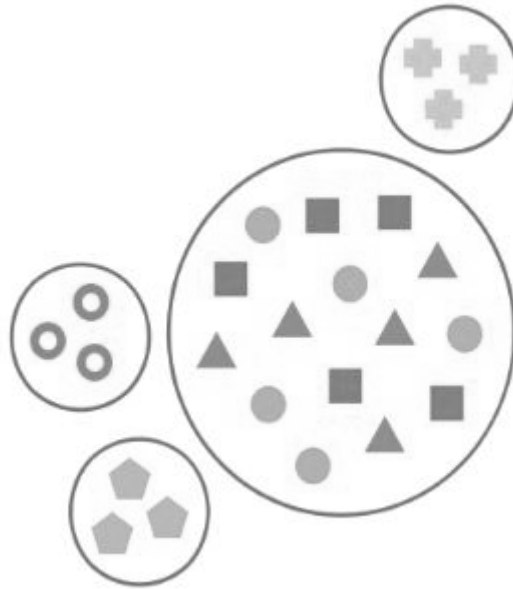


Figure 1. Separation (© Aehnelt, 2016).

2.2.2 Integration

In both everyday and scientific understanding, integration often refers to the incorporation of an individual, a group, or a social subsystem in a more comprehensive social context (Imbusch & Rucht, 2005). Since this formulation is rather vague (Burrmann, 2014), the following paragraph specifies the underlying integration term referred to within this doctoral thesis.

In terms of integration in general (see Figure 2), the state of exclusion and separation is removed as all individuals, including those from socially vulnerable minority groups, take part in society. Specifically, people experiencing disabilities are integrated into the existing system in order to create a holistic system that leads to mutual enrichment (Radtke & Tiemann, 2014). There can be groups within the group and people are supported according to individual abilities. However, the system, i.e., the organizational and environmental levels, is not specifically adapted for people experiencing disabilities. To become a member of the system, each person experiencing a disability has to adapt, i.e., assimilate, to the system. In the context of sports, this means that people experiencing disabilities can join mainstream sports clubs, e.g., blind people can participate in a track and field practice of sighted people or paraplegics in a training group of swimmers without disabilities. In a special case of integration called inverse integration, or reverse integration, people without disabilities participate in groups where people experiencing disabilities are the majority, e.g., sighted people participate in goalball clubs for people experiencing visual impairments (Elling et al., 2001).

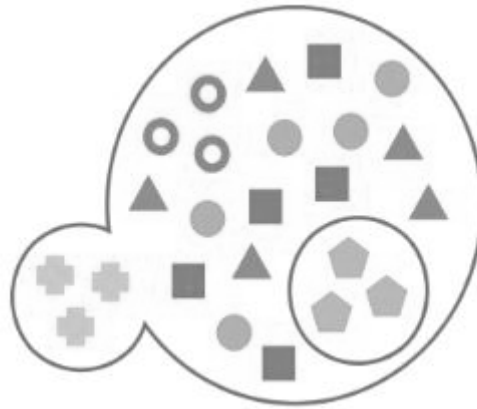


Figure 2. Integration (© Aehnelt, 2016).

2.2.3 Inclusion

This doctoral thesis would consciously like to distance itself from a judgemental or normative concept of inclusion, which is often used in the sociopolitical debate on inclusion, e.g., in the context of schools. While integration regarding the target group of people experiencing disabilities is based on an assimilative understanding⁶, inclusion aims to change existing structures by breaking down barriers due to attitudes and the environment (Radtke & Tiemann, 2014; Häusermann, 2014). This leads to a diverse social system that is open to everyone (see Figure 3). However, Valet (2018) points out that it is a technical challenge regarding sports rules to fill the persistent gap between inclusive rhetoric and inclusive practices where people experiencing disabilities are often only integrated with an assimilative understanding. Therefore, inclusion is the vision of a form of optimal coexistence with unconditional equality and participation in which everyone is included and valued regardless of abilities. Here, everyone has the unrestricted right to personal development, active social participation, and participation in decision-making. This leads to a diverse community in which all the needs of individuals are met and individual differences are regarded as normal. This means that rather than the individual adapting to the system, that the system is adapted to each individual. In sports, this means that rules are adapted or sports are specifically developed so that everyone can participate according to their abilities. An example of this is rafroball. It is an inclusive form of handball for people experiencing and not experiencing disabilities, e.g., the size of the goal is adapted to the movement possibilities of the goalkeeper, which was developed by four Swiss men in the 1990s (Association Rafroball, 2020).

⁶ For the target group of people with a migration background, integration is not per se based on an assimilative understanding. It can be either assimilative with the adoption and acquisition of host country-specific competencies, relationships, and orientations or pluralistic with maintaining and cultivating ethnic competencies, relationships, and orientations (Faist, 2008).

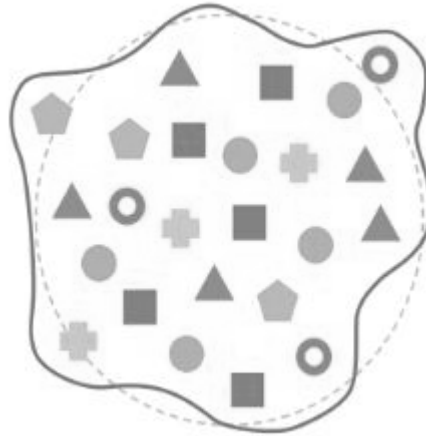


Figure 3. Inclusion (© Aehnelt, 2016).

2.2.4 Participation in organized disability sports

People experiencing disabilities can practice sports on a spectrum (Misener & Darcy, 2014). This ranges from separation with those experiencing the same disability in a categorical setting, to integrative where individuals experiencing disabilities may participate alongside people without disabilities if they can adapt to the system, to fully inclusive where people experiencing and not experiencing disabilities exercise and compete together without any modifications or adaptations. In practice, integrative settings, where people experiencing disabilities may participate if they adapt to the system, and inclusive settings, where the system adapts to the abilities and needs of the people, cannot be clearly differentiated from each other. Therefore, this doctoral thesis, except within manuscript 1 that differentiates according to the included studies, only distinguishes between separate settings (i.e., only with other people experiencing disabilities) and integrative/inclusive settings (i.e., alongside people experiencing and not experiencing disabilities). Furthermore, this doctoral thesis differentiates between categorical disability sports clubs and so-called mainstream sports clubs. Both can be separate or integrative/inclusive. A mainstream sports club that integrates/includes people experiencing disabilities is integrative/inclusive. Nevertheless, a disability sports clubs that integrates/includes people without disabilities is also considered integrative/inclusive.

The trend of current initiatives that aim to offer equal access and participation in sports lies in that most countries tend to focus on integrative/inclusive rather than separate settings (Doll-Tepner, 2007). Thus, one of the mainstream discourses on disability sports today is to promote inclusive sports (Carter et al., 2014) given that people experiencing and not experiencing disabilities may gain significantly from practicing together (Carter et al., 2014; Corazza & Dyer, 2017; McConkey et al., 2013). However, regarding the settings of participation, Radtke (2016) found that at the beginning of Paralympic athletes' careers, different motives lead to either being in favor of a separate or a mixed (integrative/inclusive) training group. Motives for favoring a mixed setting were that people experiencing disabilities do not want to attract attention and they reject the assignment to disability sports, as they do not want to be stigmatized as disabled. In Wright et al.'s (2019) study, children experiencing physical disabilities report a lack of accessible and inclusive sports opportunities as the most relevant barrier. Moreover, inclusive, unified extracurricular sports activities lead to increased social

interactions of youth without disabilities with peers experiencing intellectual disabilities and even to the promotion of inclusive school culture in a study by Siperstein et al. (2019). Additionally, inclusive extracurricular sports activities lead to the psychosocial and physical skill development of children and adolescents experiencing physical disabilities (Arbour-Nicitopoulos et al., 2018). On the other hand, some athletes experiencing disabilities preferred a separate setting, which they experienced as a safe environment where they can benefit socially from practicing with other athletes experiencing similar disabilities and where they feel less pressure to perform (Radtke, 2016).

Theses lead to the following research questions for manuscript 1:

In which organized sports settings do people experiencing certain disabilities participate and which organizations offer these?

Which sports are offered for which different disability types?

What are some specific positive and/or negative effects of the different sports settings regarding social participation of people experiencing disabilities?

3 Theoretical frame of reference

3.1 Multilevel model for the analysis of participation in organized sports

In order to analyze social participation/integration of people experiencing disabilities in organized sports, a multilevel model representing actor constellations and acting structures based on Schimank's (2016) actor-structure-dynamics is applied. The framework explains action goals, success recipes, and the intentions of acting together. Based on multilevel approaches used in sports club research (S. Nagel, 2006, 2007, S. Nagel et al., 2015), it can be distinguished between three levels (see Figure 4). There is the individual (micro) level (e.g., motives and attitudes of people experiencing disabilities towards sports that are also influenced by their social environment in form of friends and relatives). Furthermore, there is the organizational (meso) level including training groups (e.g., qualifications and attitudes of coaches) and sports clubs (e.g., sports offers and infrastructure) and finally, the environmental (macro) level (e.g., sports policy regarding integration in sports clubs). Within a training group and sports club, the relevant social structures for participation are divided into expectation (i.e., norms, rules, e.g., legal regulations), interpretation (i.e., values, e.g., training objectives, performance level), and constellation structures (i.e., solidified roles of acting coexistence, e.g., relationships, friendships) (Schimank, 2016). Alternatively, one can divide the requirements of participation in an echo of the "Index for Inclusion" (National Paralympic Committee Germany, 2014; based on Booth & Ainscow, 2002) into club culture (according to Schimank interpretation structures), structure (according to Schimank expectation structures), and practices (according to Schimank constellation structures). However, this doctoral thesis refers to expectation, interpretation, and constellation structures according to the actor theory (Schimank, 2000) as this is better compatible with the multilevel approach and the concept of social integration by Esser (2009) (see Figure 4).

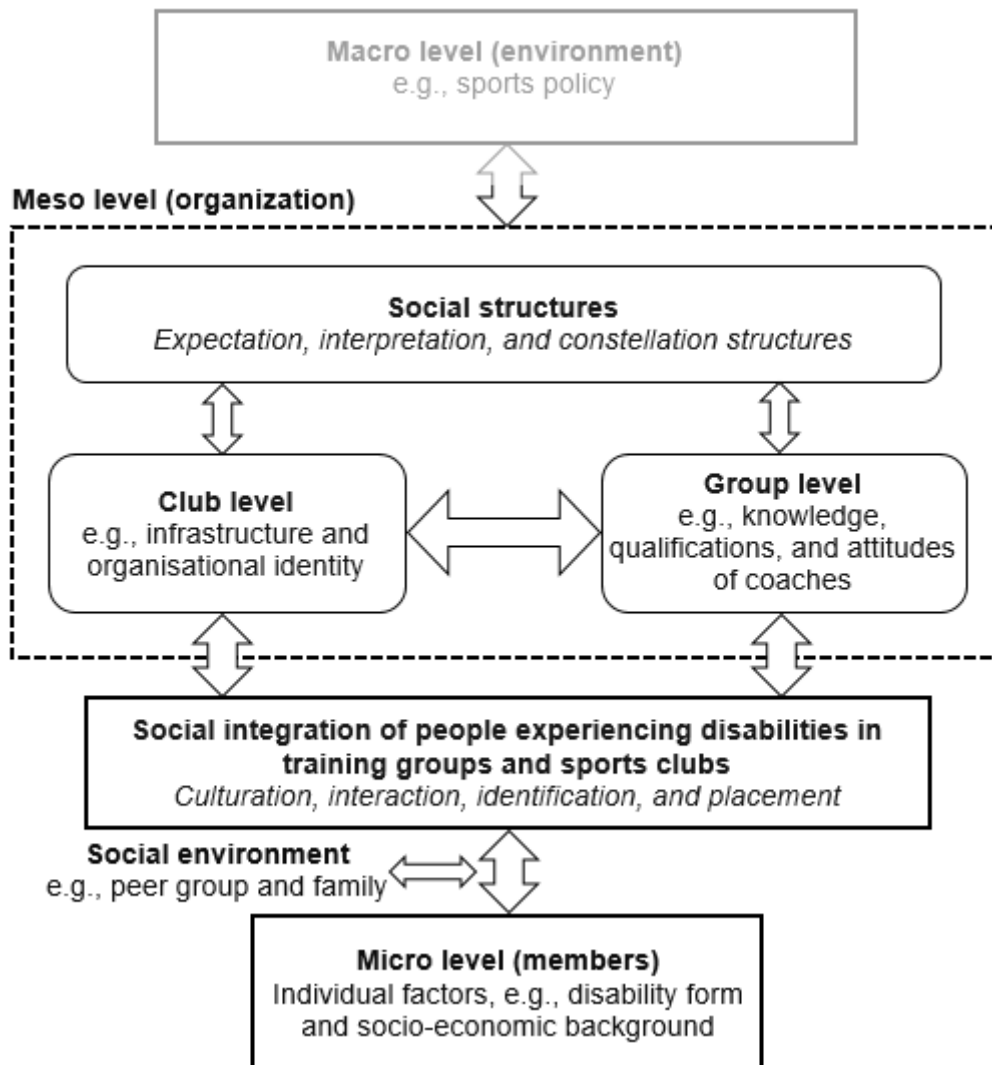


Figure 4. Multilevel model for the analysis of social integration in sports clubs (based on Coleman, 1990; Esser, 2009; S. Nagel et al., 2015; Schimank, 2016).

3.2 Theory of disability

3.2.1 Underlying definition of disability

This doctoral thesis considers people experiencing various disabilities. The BFS, (2020) according to the Federal Law on the Elimination of Discrimination against People with Disabilities (Disability Equality Act; BehiG, Behindertengleichstellungsgesetz, Bundesgesetz über die Beseitigung von Benachteiligungen von Menschen mit Behinderungen, 2002), the international classification of functioning, disability and health (ICF; WHO, 2001), and the UN CRPD (2006), defines people experiencing disabilities from a biopsychosocial perspective. Accordingly, people experiencing disabilities have long-term physical, mental, intellectual, or sensory impairments that in interaction with various barriers may hinder their full, effective, and equal participation in society. Consequently, disability depends on both individual and environmental factors. Additionally, in the area of organized sports, organizational factors are of relevance (see Figure 5).

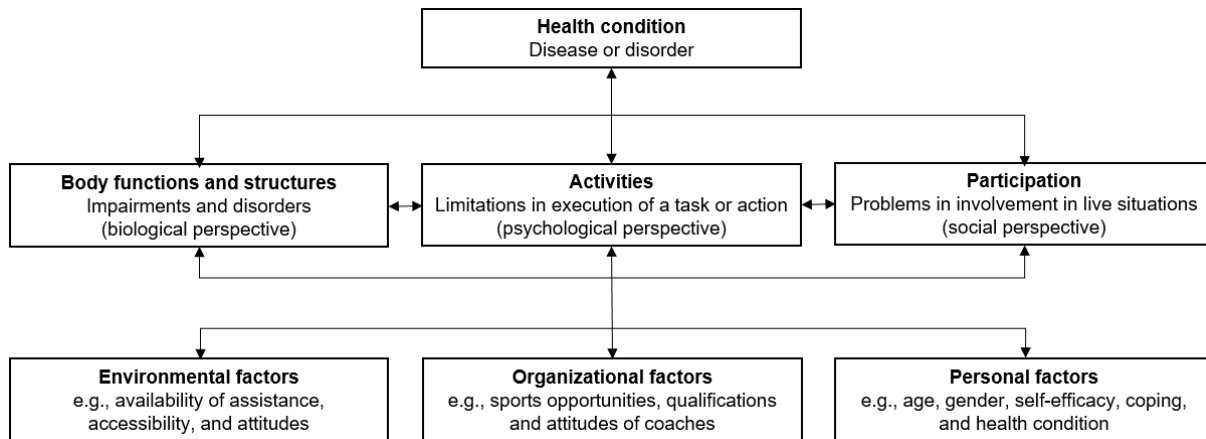


Figure 5. ICF in the context of organized sports (based on WHO, 2001).

Although people experiencing various disability types are included in this doctoral thesis, one must distinguish between different kinds of disabilities. The SIVSCE (manuscript 2) and the BASPO (manuscript 3) projects differentiate between physical disabilities (e.g., mobility impairment, problems in the musculoskeletal system), visual impairments, hearing impairments, intellectual disabilities (e.g., Down syndrome), and psychosocial/behavioral problems, i.e., psychosocial disability (e.g., autism, ADHD). Furthermore, the BASPO project distinguishes according to the International statistical classification of diseases and related health problems (ICD-10; WHO, 2016) as recommended by the Intercantonal Association of Heads of School Psychological Services (Interkantonale Vereinigung der Leiterinnen und Leiter der Schulpsychologischen Dienste, 2014) between intellectual disabilities, intelligence quotient (IQ) below 70, and unspecified developmental disorders of school skills, i.e., learning disabilities, IQ 70-84. The SIVSCE project (manuscript 2) contains the additional category of chronic diseases (e.g., asthma, diabetes, multiple sclerosis, cardiovascular disease). The systematic literature review (manuscript 1) distinguishes according to the included studies between physical disabilities, spinal cord injuries, intellectual disabilities, mental disabilities, developmental disabilities, sensory and behavioral disabilities, and hearing impairments.

3.2.2 Sociology of disability

Rehabilitation sciences naturalize the medically detectable impairment or disability. In contrast, in disability studies, disability and impairment are a product of social and cultural exclusion and suppression mechanisms of interaction processes as well as structures and power relations working in the background (Waldschmidt, 2011). Therefore, in disability studies the term ableism refers to the evaluation of people according to their abilities and functions, which leads to disableism, a degradation of people experiencing disabilities according to some abilities that are less strongly developed than in the majority of the population (Maskos, 2015). Consequently, this may lead to discrimination and stigma against people experiencing disabilities when interacting with people without disabilities. Hereby the individual experiencing a disability is not stigmatized but has a stigma with a naturalistic core that embodies the deviation in the sense of doing (dis)ability (Goffman, 1990). In Foucault's (1978) theory of discourse and power, bodies do not exist a priori as simply natural facts but are constructed through and in discourses in the sense of making (dis)ability. Thereby, disability is a dispositive, i.e., a power structure producing deviation. This deviation rests on scientific disciplines and

therapeutic-clinical, rehabilitative practices as well as on operative control programs of disciplining and standardization, leading to body normalization. Thereby, as an effect of a government will on the environmental level, within social institutions on the meso level, and in interpersonal relationships, some bodies are considered normal and others not (Tremain, 2015). At the same time, innocent guilt, where the concerned feel guilty without having done something wrong, is attributed to people experiencing disabilities. In Bourdieu's (1997) theory of power where disability acts as symbolic violence, social differences are implicitly shaped by naturalization in the sense of being (dis)abled. However, medical categories should not be interpreted as medical facts, but as historical, cultural, social and thus always as political constructions. Therefore, the construction of (dis)ability has the function of producing the naturalized level of interventions for impairments and at the same time removing it from criticism by thinking of (dis)ability not as a social practice, but as natural and therefore as an effect of (dis)ableism.

Overall, disability as a social position is socio-structurally linked to discrimination, precariousness, and the risk of impoverishment, institutionally to exclusion and restriction of participation, and interactively to stigmatization and isolation. The attribution of softness and symbolism to care institutions leads to people experiencing disabilities accepting the violent relations to which they are subject. The result is that people experiencing disabilities are helped rather than oppressed, as participation should be made possible for them through offers of therapy and compensation for their disadvantages. This means that those who are considered to be normal or handicapped each believe these labels of themselves. Thus, people experiencing disabilities experience the attribution of a disability as true and real and understand it as an integral aspect of their identity (Waldschmidt, 2011). However, people experiencing disabilities are not passive individuals but autonomous people with their own will that experience a tension between engaging in non-disabled society and in the disability communities (Héas, 2015; Purdue & Howe, 2012).

3.2.3 Disability terminology

To emphasize the interplay of biological, psychological, and social aspects regarding the definition of disability, this doctoral thesis uses the term persons experiencing disabilities as it is recommended by Goodwin and Peers (2012). This clarifies that the persons considered are subject to a medical diagnosis, claim a disability-related identity, and/or are subjected to disabling social conditions (Goodwin & Peers, 2012). In contrast, Peers (2009) states that the term disabled emphasizes the social construction of disability, i.e., that the persons have been actively disabled by the society. However, this term might be derogatory as it places the label before the person (Goodwin & Peers, 2012). The use of the formulation people with disabilities is politically correct as it uses person-first language. However, according to Goodwin and Peers (2012), it implies a deficit-based biomedical model of disability where disability is seen as a biological health problem that can be addressed and solved by experts.

4 Disability sports in Switzerland

As manuscript 3 of this doctoral thesis focuses on the social integration of members experiencing disabilities in integrative/inclusive training groups and sports clubs in Switzerland, here is a short overview of disability sports in Switzerland.

4.1 Structure of Swiss disability sports

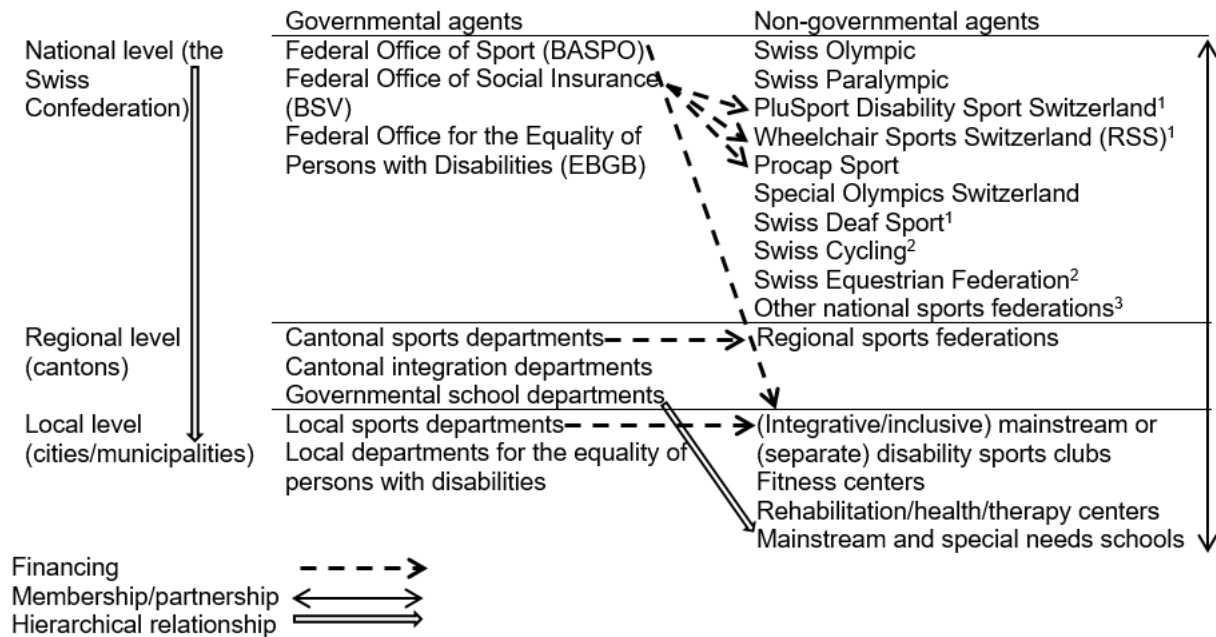


Figure 6. Disability sports framework for Switzerland (Albrecht et al., in progress).

¹ Separate disability sports federations

² Inclusive sports federations

³ Mainstream sports federations

4.1.1 Government actors in Swiss disability sports

When looking at government actors at the national level (see Figure 6), the *Federal Office of Social Insurance* (BSV, Bundesamt für Sozialversicherungen) plays a crucial role as the most important funding agency for disability sports organizations. The BSV is subordinate to the Federal Department of the Interior (EDI, Eidgenössisches Department des Inneren) and supports disability sports with financial grants from disability insurance (IV, Invalidenversicherung). The IV also has an indirect impact on the sports participation of people experiencing disabilities as people with an IV card receive discounts for culture, sports and education, e.g., reduced fees for swimming pools (MyHandicap, 2020).

The *Federal Office for the Equality of Persons with Disabilities* (EBGB, Eidgenössisches Büro für die Gleichstellung von Menschen mit Behinderungen) is also subordinate to the EDI. It promotes equality for people experiencing disabilities and works for the elimination of disadvantages for people experiencing disabilities.

The *Federal Office of Sport* (BASPO, Bundesamt für Sport) promotes (high performance) sports and physical activity for the Swiss population. It is responsible for the implementation

and administration of the politically decided policy and programs as well as the funding (S. Nagel & Adler Zwahlen, 2016). The BASPO's Department of Integration and Prevention is committed to fair, safe, and integrative sports and is involved in the promotion of equal access to and participation in sports for all people, including those experiencing disabilities. It encourages the anchoring of the positive values of sports in society (BASPO, 2020). At the local level, there are sports departments and departments for the equality of persons with disabilities as government actors.

4.1.2 Non-government actors in Swiss disability sports

Various non-government actors that have partner-like relationships play a role in Swiss disability sports (see Figure 6). *Swiss Olympic* as the non-government umbrella organization of Swiss sports and the National Olympic Committee of Switzerland represent the interests of 86 sports federations with about 19,000 sports clubs (Lamprecht et al., 2017). The most important non-government actors can be found listed and described as follows.

Swiss Paralympic, as the national Paralympic committee, supports Swiss elite disability sports to ensure regular participation of athletes from various sports in national and international competitions (Swiss Paralympic, 2020b). It manages the selection of athletes for competitions as well as the financing and organization of their participation. Furthermore, Swiss Paralympic carries out publicity work and sensitization to guarantee professional conditions for athletes and spectators, successful networking in politics, disability organizations, sports federations, sports clubs, and the allocation of sponsors (S. Nagel & Adler Zwahlen, 2016). Moreover, it offers sports consulting for people experiencing disabilities interested in sports (Swiss Paralympic, 2020a).

PluSport as a member of Swiss Olympic and Swiss Paralympic is the umbrella organization and competence center of Swiss disability sports. As a non-government actor, PluSport influences issues relevant to disability sports policy through its representation of interests, cooperation, and participation in relevant committees at a national level. PluSport is closely linked to the BASPO in terms of sports, education, and integration/inclusion. Therefore, PluSport's Policy & Sports Commission carries the concerns and sports policy positions of its members into national politics as far as possible and reasonable (PluSport, 2020b). The organization has around 90 disability sports groups, with about 12,000 active members and 2,000 coaches (PluSport, 2019; PluSport, 2020a). PluSport promotes sports for people experiencing disabilities ranging from grassroots to high-performance sports with the goal of integration and inclusion (PluSport, 2020a). The organization is responsible for all target groups in different sports, including different age groups, and different forms of disability, though, with a focus on physical disabilities. Currently, the focus is on the recognition and role of disability sports. At the regional and local levels, PluSport supports its federations and sports clubs by providing advice on organization and media processing and thus exerts influence on national, regional, and local political bodies.

Wheelchair Sports Switzerland (RSS, Rollstuhlsport Schweiz), part of the Swiss Paraplegics Association (SPV, Schweizer Paraplegiker-Vereinigung), has 27 wheelchair clubs with 517 athletes and is a member of Swiss Olympic and Swiss Paralympic (SPV, 2020a). Furthermore,

it offers sports consulting for entry into wheelchair sports and a sports camp to try eight types of sports (SPV, 2020b).

The self-help organization Procap has over 21,000 members organized in approximately 40 regional sections. *Procap Sport* has 30 sports groups with over 1,500 active members (Procap, 2020). In addition to its local sports groups, Procap Sport organizes regional and national (every other year) sports events for people experiencing disabilities.

Special Olympics Switzerland as an independent national foundation supports sports of people experiencing intellectual disabilities and acts as a project partner of PluSport. *Swiss Deaf Sport* consists of 14 disability-specific sports clubs and is a collective member of PluSport (Swiss Deaf Sport, 2020). The *Swiss Equestrian Federation* and *Swiss Cycling* are mentioned separately in Figure 6 as they included and therefore are responsible for para-equestrian and para-cycling, respectively.

In 2011, PluSport, Procap Sport, and the SPV founded the Interest-Community Sport and Handicap. This organization cooperates and exploits synergies with other organizations and institutions for people experiencing disabilities in order to promote and implement equality in sports.

There are bottom-up decision-making structures between the inter units from the local, regional, and national levels within the individual federations. Decision-making power lies with members or individual member federations that send representatives at the regional and national levels, like in a representative political system. However, the flow of financing is top-down. The local level is the most important administrative level for mainstream and disability sports and sports clubs are the main promoters of both elite and general sports in Switzerland.

4.1.3 Secondary actors in Swiss disability sports

In addition to (disability) sports organizations, many secondary actors that have different relationships with government and non-government actors play an important role in the provision of disability sports activities. However, the creation of policies or sports programs for people experiencing disabilities is not one of their core tasks.

The disability umbrella organization *Inclusion Handicap*, of which PluSport is a member, represents the interests of people experiencing disabilities in various political matters and advocates all relevant related issues in society (PluSport, 2020b). Therefore, amongst others, Inclusion Handicap ensures that people experiencing disabilities can participate equally in cultural life as well as in recreational, leisure, and sports activities.

Another organization relevant for Swiss disability sports is *Sports Medicine Nottwil* (Sportmedizin Nottwil, affiliated with SPV), which motivates, advises, and accompanies athletes experiencing and not experiencing disabilities of any age and in all disciplines. Therefore, Sports Medicine Nottwil cooperates with Swiss Olympic, Swiss Paralympic, Swiss Deaf Sport, and PluSport, amongst others (Sportmedizin Nottwil, 2020).

Cerebral, the Swiss Foundation for the Cerebral Palsy Child (Schweizerische Stiftung für das cerebrale gelähmte Kind, 2020) supports persons concerned, institutions, and organizations, as well as specialists in various matters, including recreation and leisure. For instance, Cerebral supports foundations with special schools (e.g., Foundation Aarhus) in the financing of camps,

the acquisition of mobility equipment suitable for people experiencing disabilities, or the equipment and necessary infrastructure for the residential groups (Stiftung Aarhus, 2020). In turn, foundations like Aarhus cooperate with federations like PluSport to offer sports activities, in this case, football for children and adolescents experiencing disabilities.

INSOS, the branch association of social institutions with services for people experiencing disabilities in Switzerland (Soziale Institutionen für Menschen mit Behinderungen Schweiz, 2020), represents the interests of 800 service providers and provides information, support, advice, and a network to 60,000 people experiencing disabilities. As the organization is committed to the implementation of the UN CRPD (2006) and an inclusive society, it supports its member institutions in the provision of sports for people experiencing disabilities and particularly recruits and motivates participants for the Special Olympics World Games.

As a non-profit and politically independent umbrella organization for regional and local disability organizations, *Pro Infirmis* runs counseling centers throughout Switzerland and supports people experiencing physical or intellectual disabilities, and psychological impairments. The organization, alongside those affected, promotes the independent and self-determined life of people experiencing disabilities and is committed to ensuring that they are not disadvantaged and that they can actively participate in social life, including sports (Pro Infirmis, 2020).

Insieme, as the umbrella organization of parent associations for people experiencing intellectual disabilities, cooperates with the disability organizations Inclusion Handicap, INSOS, PluSport, and Special Olympics, self-help organizations like Cerebral, the EBGB, and the BSV as government actors, as well as international partners like the Austrian and German Counselling Association (Lebenshilfe). Insieme is committed to legal frameworks and social conditions that allow people experiencing intellectual disabilities to lead a dignified life. Their goal is that these individuals participate in society and are independent and as self-determined as possible. Therefore, its regional clubs, which are partly members of Pro Infirmis, support people experiencing intellectual disabilities and their relatives through vacations, education and leisure activities like sports, opportunities for relief, and exchange of experience (Insieme, 2020).

4.2 Swiss disability sports policy

Government and non-government actors in the disability (sports) system are independent entities, and (disability) sports are managed through both government and non-government bodies. However, there is a financial relationship given that the government actors finance the (disability) sports federations through subsidies. The collaborative governance structure and direct interaction within policymaking as well as the implementation process between government and non-government actors in Switzerland can be seen as co-governance (Skelcher, 2000). For instance, the BASPO, as a government actor has a cooperation agreement with Swiss Olympic as a non-government actor.

Regarding the policy framework, Switzerland ratified the UN CRPD (2006) in 2014, which made it easier for disability organizations to exert political influence. However, it is important to note that some of the non-government and secondary actors had been doing policy work actively through lobbying, partnerships, etc. regardless. Although the UN CRPD (2006)

demands the possibility to participate in both regular and disability-specific sports activities, the disability sports system in Switzerland remains largely separated from mainstream sports, similar to Germany (Radtke, 2018). Different disability sports federations are even specialized for different disability types. The Swiss Federal Act on the Promotion of Sports and Exercise (Sports Promotion Act, SpoFöG; Sportförderungsgesetz, Bundesgesetz über die Förderung von Sport und Bewegung, 2011) names sports as an important social domain where integration takes place, however, without explicitly mentioning people experiencing disabilities. Furthermore, in the Disability Equality Act (2002), there are no concrete statements on equality in sports. However, the Federal Concept for Sports for All (2015) highlighted that there should be enough low-threshold and target-group specific sports offers for people experiencing disabilities, as all people should have the opportunity to exercise regularly throughout their lives.

At the regional level, cantons support organizations in the pursuit of integration or inclusion and equal access to sports for people experiencing disabilities in various ways. The main objectives of cantonal disability policy in Bern are, for example, equality, autonomy, personal responsibility, freedom of choice as well as participation and involvement in social life (Gesundheits-, Sozial- und Integrationsdirektion Kanton Bern, 2020). At the local level, policy programs and interventions concerning disability sports are less supported and targeted than at the regional level, partly because policy objectives vary widely between municipalities. Although responsibilities between sports departments and departments for the equality of persons with disabilities are often not clearly defined, it is imperative that they cooperate in order to achieve the best possibilities regarding sports activities for people experiencing disabilities.

The principal reason why the Swiss government, the cantons, and municipalities publicly promote and subsidize sports is in favour of the evidence-based positive social effects. These include social integration of specific target groups like people experiencing disabilities, accumulation of cultural and social capital, and promotion of health (Lamprecht et al., 2017). As these external effects are expected to be particularly significant in sports clubs (e.g., S. Braun & Finke, 2010), sports policy is aimed primarily at club sports. This is exemplified through the municipalities' responsibility for the provision of sports infrastructure.

4.3 Participation of people experiencing disabilities in sports in Switzerland

To date, the regular sports monitor in Switzerland, "Sport Schweiz", does not yet include a disability category in its latest reports (Lamprecht et al., 2014; Lamprecht et al., 2020) nor does the government invest in or stimulate the evaluation of sports programs or interventions for people experiencing disabilities. Hence, specific data is still lacking. Regarding club life in general, almost two-thirds (63 %) of the people experiencing disabilities and nearly half (46 %) of the people experiencing severe disabilities take part in club life. This includes sports clubs. However, these high rates are lower than those of people without disabilities (70 %). The difference occurs, in particular, with regard to regular participation in club life (at least once a week), which becomes less frequent as the disability increases (BFS, 2013).

5 Factors for the participation of people experiencing disabilities in organized sports

Reasons for the lower sports participation rates of people experiencing disabilities and the separation of people experiencing and not experiencing disabilities are barriers and restrictions at the individual, organizational, and environmental levels that are presumably also relevant for social integration of members experiencing disabilities in organized sports. These factors will be critically discussed in this chapter.

5.1 Individual factors

The various individual, organizational, and environmental factors are relevant to different extents when considering the participation in organized sports of individuals experiencing different disability types and severity levels (de Groot et al., 2020; Sienko, 2019). Furthermore, the different disability types are not only relevant for participation in sports activities, but likely also for the different aspects of social integration. Physical hindering factors are health (Mat Rosly et al., 2018), pain (de Groot et al., 2020; Mat Rosly et al., 2018), and a lack of physical skills (e.g., gross motor function, manual ability, lack of energy, and fatigue) (Bult et al., 2011; Shields et al., 2012).

Psychological facilitating factors include relaxation, fun, and physical performance, as well as intrinsic motivation, self-efficacy, and personal accomplishment of goals or objectives that lead to higher self-confidence (Shields et al., 2019; Jaarsma et al., 2014; Stroud et al., 2009). On the other hand, de Groot et al. (2020) and Shields et al. (2012) found that hindering factors include a preference for non-sports activities or a lack of time.

Shields et al. (2012) identified a lack of social skills (e.g., communication problems and tentativeness) as a hindering factor. A systematic review and an exploratory study have both indicated that social isolation also hinders participation (Shields et al., 2019; Shields et al., 2012). Another relevant factor is social support from peers/friends, family, caregivers, and significant others. This may be either helpful if these support systems are encouraging and appropriate or hindering in the event that it is insufficient or involves concerns (Jaarsma et al., 2014; Jaarsma et al., 2015; Sayed Ahmed et al., 2018; Shields & Synnot, 2014; Shields et al., 2012). Consequently, people with higher support needs and less independence show lower participation levels (Darcy & Dowse, 2013). Moreover, different authors found that a lack of knowledge about organized sports activities by individuals experiencing disabilities themselves (Iverson et al., 2020; Jaarsma et al., 2014; Jaarsma et al., 2015; Shields et al., 2012) as well as a dearth of knowledge about these within their social environment (Iverson et al., 2020) are among other hindering factors.

Furthermore, on the individual level, socio-demographic variables (gender, age, and education level) have to be considered. Bult et al. (2011) identified gender and age among the most relevant factors for sports participation frequency in their study on children and youth experiencing physical disabilities. Existing literature on sports club participation that concerns members in general and not specifically members experiencing disabilities shows that women are underrepresented (European Commission, 2018). However, there seem to be very few gender effects with regard to social integration (Østerlund et al., 2014; Østerlund & Seippel,

2013; Schlesinger & Nagel, 2015; Seippel, 2005; van der Roest et al., 2017). Considering age, younger people are more likely to be structurally integrated into sports clubs (European Commission, 2018) and younger children experiencing physical disabilities participate more frequently in recreational and leisure activities (Law et al., 2006). Moreover, younger people are to a higher degree socially integrated in sports clubs (Østerlund et al., 2014; Østerlund & Seippel, 2013). With regard to education level and social class differences, existing research is ambiguous. A study by Seippel (2006) indicates no substantial differences in social integration with regard to education level. However, M. Nagel's study (2003) on the social composition of sports clubs reveals that people with higher income and a higher level of education are more likely to be members of sports clubs. According to the European Commission (2018), people from lower classes are less frequently members of sports clubs. However, according to a Danish study, social integration in sports clubs decreases with education level in strong communities, where high rates of social interaction are combined with high emotional bonding to other members (Østerlund & Seippel, 2013). Although the literature review reveals few differences in social integration according to social background, the effect of these variables might be different when examined among people experiencing disabilities because the assumptions rest on studies that do not specifically analyze this target group.

To become socially integrated in sports clubs usually requires time and is associated with specific forms of affiliation and participation in the context of organized sports. Studies on sports club members show that type of affiliation to a club (e.g., volunteering), membership duration, frequency of sports participation, the form of participation (e.g., competitive sports), as well as team or training group size are positively correlated with social integration (Østerlund et al., 2014; Østerlund & Seippel, 2013; Schlesinger & Nagel, 2015).

Furthermore, it might be relevant whether individuals practice in a separate or in an integrative/inclusive sports setting. Following from this, Allport's (1958) contact hypothesis could be of importance as it states that frequent contact with members of other groups, such as contact between people experiencing and not experiencing disabilities and vice versa, reduces prejudices.

As there is hardly any research on sports club members experiencing disabilities, this leads to the following research questions in manuscript 2, concerning European sports clubs, and in manuscript 3, concerning Swiss integrative/inclusive training groups and sports clubs.

Are there differences between members experiencing and not experiencing disabilities regarding the extent of social integration in integrative/inclusive training groups and sports clubs?

What role do different disability forms have in terms of social integration, and to what extent are the need for special accommodations as well as perceived personal, social, structural, or other restrictions relevant?

Are gender, age, and education level relevant for the social integration of members experiencing disabilities?

What role do voluntary engagement, membership duration, frequency of sports participation, participation in competitions, and the size of team or training group play in the social integration of sports club members experiencing disabilities?

Manuscript 2 also analyzes the following question.

Are members experiencing disabilities better socially integrated if they practice sports in an integrative/inclusive training group or in a separate group?

5.2 Organizational factors

At the organizational level, people experiencing disabilities reported several restrictions for participation in organized sports. These include a lack of sports opportunities and physical activity programs as well as a focus on team and competitive sports (Jaarsma et al., 2014; Shields & Synnot, 2014; Shields et al., 2019; Shields et al., 2012). Moreover, inadequate sports facilities (Becker & Anneken, 2013; Elling & Claringbould, 2005; Mat Rosly et al., 2018; Miller et al., 2006; Shields & Synnot, 2014; Shields et al., 2012) and material (Becker & Anneken, 2013; Mat Rosly et al., 2018) were identified as hindering factors. Also, transportation difficulties (Mat Rosly et al., 2018; Jaarsma et al., 2014; Shields et al., 2019; Shields et al., 2012) and high costs (Mat Rosly et al., 2018; Jaarsma et al., 2014; Shields & Synnot, 2014; Shields et al., 2019) are among the frequently mentioned deterring factors. Further barriers include a dearth of qualified coaches who know how to deal with people experiencing disabilities and negative staff attitudes towards people experiencing disabilities (Cunningham, 2011). On the other hand, tailored activities (Shields et al., 2019; Shields et al., 2012) and good coaches, i.e., with positive attitudes and skills (Greve, 2017; Morris et al., 2019; Wicker & Breuer, 2014), can facilitate adolescents experiencing disabilities' sports participation. Moreover, the type, i.e., disability or mainstream sports club, and size of an organization are relevant to participation (Kitchin & Crossin, 2018). This shows that participation of people experiencing disabilities can be influenced by club policy, which is reflected in initiatives and club goals.

According to Heinemann and Horch (1981), sports clubs have different functions. They have an integrative function, for example, the interaction of people of different ages, gender, ethical background, and ability level. They have a socializing function resulting in members becoming familiar with values such as fair play, health, and democracy. Finally, their political function leads to local, regional, and national identity. However, clubs have no socio-political mandate. Therefore, they do not have to do welfare work to support vulnerable population groups, e.g., regarding the participation of people experiencing disabilities. Consequently, the constitutive characteristics of sports clubs are voluntary membership, autonomy, focus on member interests, democratic decision-making structures, and voluntary work. Therefore, the knowledge and behavior of coaches (i.e., an understanding of the medical model of disability or the biopsychosocial model of health) is maybe more relevant because they can make an important contribution to the understanding of disability (Doll-Tepper, 1999).

Another possible factor relevant to the different dimensions of social integration of sports club members is the different organizational identity of each sports club. This includes their tendencies to foster values and/or pedagogies such as sports education, village preservation, non-competitive play, social fostering, lifetime sports, sports in a group-of-friends, self-realization, high-performance sports, school sports, or disability sports (Stenling & Fahlén, 2016). Moreover, through the focus on competitiveness, the openness of sports as a social

good according to the ideal of the welfare state is limited (Agergaard & Sørensen, 2010; Skille, 2011).

Therefore, with regard to the organizational level of the training group the following research questions are addressed in manuscript 3.

How do coaches deal with disability?

How do members expect coaches to interact with them and how do they perceive it?

Concerning the club level, manuscripts 2 and 3 also analyze the following questions.

Are special initiatives at the club level for people experiencing disabilities helpful for the social integration of members experiencing disabilities?

Are specific club goals related to the integration of people experiencing disabilities relevant for the social integration of members experiencing disabilities?

Finally, manuscript 3 additionally deals with the subsequent questions.

Is the club size relevant for the social integration of members experiencing disabilities?

Are members experiencing disabilities better socially integrated into a club that puts forward an organizational identity of disability sports group-of-friends club or an organizational identity of high-performance mainstream sports club?

5.3 Environmental factors

The environmental level comprises restricting factors such as lack of policy programs (Kitchin & Howe, 2014; Sienko, 2019) and negative societal attitudes, e.g., lower social acceptance, social isolation, stigmatization, and discrimination of people experiencing disabilities (Brittain, 2004; Kozub & Lienert, 2003; Sayed Ahmed et al., 2018; Shields et al., 2012). Accordingly, in their qualitative study looking at the aftermath of the London Paralympic Games, Brown and Pappous (2018) found that there is a competency gap and a lack of relevance between Paralympic athletes and the rest of the community of people experiencing disabilities. This may have limited the positive impact of the Paralympics on the participation of people experiencing disabilities in sports. In addition, an absence of coordinated leveraging of the Games, a decline in the media coverage of disability sports after the Games, as well as negative media coverage of people experiencing disabilities, might also have reduced the possible positive effects.

As policy programs regarding sports for people experiencing disabilities differ between countries (Ibsen, Nichols, & Elmoose-Østerlund, 2016) a further research question in manuscript 2 is as follows.

Are there differences in the degree of social integration of sports club members experiencing disabilities between various countries?

5.4 Specific research questions

Based on the conceptual and theoretical background presented above and the empirical evidence found, the general research questions are subdivided into the sub-questions that are assigned to the manuscripts and shown in summary in the following.

1. Which organized sports settings do people experiencing disabilities participate in and what does their social participation look like?
 - 1.1. Manuscript 1: In which organized sports settings do people experiencing certain disabilities participate and which organizations offer these?
 - 1.2. Manuscript 1: Which sports are offered for which different disability types?
 - 1.3. Manuscript 1: What are some specific positive and/or negative effects of the different sports settings regarding social participation of people experiencing disabilities?
2. To what extent are members experiencing disabilities socially integrated into integrative/inclusive training groups and sports clubs in Europe and Switzerland compared to members without disabilities?
 - 2.1. Manuscript 2: Are there differences between members experiencing and not experiencing disabilities regarding the extent of social integration in European sports clubs?
 - 2.2. Manuscript 3: Are there differences between members experiencing and not experiencing disabilities regarding the extent of social integration in Swiss integrative/inclusive training groups and sports clubs?
3. What factors on the individual (micro) level, organizational (meso) level of training groups and sports clubs, and environmental (macro) level are relevant for the social integration of members experiencing disabilities?

Individual level

- 3.1. Manuscripts 2 and 3: What role do different disability forms have in terms of social integration, and to what extent are the need for special accommodations as well as perceived personal, social, structural, or other restrictions relevant?
- 3.2. Manuscripts 2 and 3: Are gender, age, and education level relevant for the social integration of members experiencing disabilities?
- 3.3. Manuscripts 2 and 3: What role do voluntary engagement, membership duration, frequency of sports participation, participation in competitions, and the size of team or training group play in the social integration of members experiencing disabilities?
- 3.4. Manuscript 2: Are members experiencing disabilities better socially integrated if they practice sports in an integrative/inclusive training group or in a separate group?

Organizational level of training groups

- 3.5. Manuscript 3: How do coaches deal with disability?
- 3.6. Manuscript 3: How do members expect coaches to interact with them and how do they perceive it?

Organizational level of sports clubs

- 3.7. Manuscripts 2 and 3: Are special initiatives at the club level for people experiencing disabilities helpful for the social integration of members experiencing disabilities?

- 3.8. Manuscripts 2 and 3: Are specific club goals related to the integration of people experiencing disabilities relevant for the social integration of members experiencing disabilities?
- 3.9. Manuscript 3: Is the club size relevant for the social integration of members experiencing disabilities?
- 3.10. Manuscript 3: Are members experiencing disabilities better socially integrated into a club that puts forward an organizational identity of disability sports group-of-friends club or an organizational identity of high-performance mainstream sports club?

Environmental level

- 3.11. Manuscript 2: Are there differences in the degree of social integration of sports club members experiencing disabilities between various countries?

6 Methods

This thesis consists of a systematic literature review (manuscript 1), a quantitative study (manuscript 2), and a qualitative study (manuscript 3). The systematic literature review, which deals with general research question 1, gives a broad overview of the research on social participation of people experiencing disabilities in organized sports and some specific possible positive and negative outcomes. The quantitative study gives first insights into the extent to which sports club members experiencing disabilities are socially integrated and discusses relevant factors that impact this social integration. The qualitative study leads to an in-depth analysis of social integration as well as the relevant factors and mechanisms for the social integration of sports club members experiencing disabilities. The methods of the systematic literature review (general research question 1) and the two following studies (general research questions 2 and 3) are briefly summarized here. For more detail, please refer to the full articles in Appendix 1.

6.1 Design

Table 1 gives an overview of the design for this doctoral thesis. It locates the systematic literature review, the SIVSCE project (led by Prof. Dr. Karsten Elmoose-Østerlund & Prof. Dr. Bjarne Ibsen; data collection 2016; funded by the program Erasmus+ of the European Union) and the BASPO project (led by Prof. Dr. Siegfried Nagel & Dr. Christoffer Klenk; data collection 2016–2017) within the multilevel model. In the preparation of the SIVSCE and the BASPO project, the Ethics Commission of the Faculty of Human Sciences of the University of Bern approved applications for ethical review.

Table 1

Overview of the research design

		Systematic literature review (manuscript 1)	SIVSCE project (manuscript 2)	BASPO project (manuscript 3)
Organizational level	Sports clubs		Quantitative club questionnaire ($n=642$) Aim: Collection of organizational level data in sports clubs, including information on expectation, interpretation, and constellation structures regarding the social integration of people experiencing disabilities	Quantitative club questionnaire ($n=14$ sports clubs; 9 disability, 5 mainstream sports clubs) Aim: Collection of organizational level data in sports clubs, including information on expectation, interpretation, and constellation structures regarding the social integration of people experiencing disabilities
	Training groups	Literature research and thematic systematization in the databases: BISPsurf; EBSCO (CINAHL, ERIC, SocINDEX, SportDiscus); PubMed (including MEDLINE); Embase (without MEDLINE); Web of Science; IBSS Aim: Empirical evidence of existing studies on social participation of people experiencing disabilities in organized sports in different settings		Non-participant observations ($n=16$ training groups; 8 separate, 8 integrative/inclusive training groups) Qualitative semi-structured expert interviews ($n=15$ coaches) Aim: Collection of organizational level data in training groups, including information on expectation, interpretation, and constellation structures regarding the social integration of people experiencing disabilities
	Individual level		Quantitative member survey ($n=13,082$, thereof 1,482 experiencing disabilities) Aim: Collection of individual level data of people experiencing disabilities regarding their social integration in sports clubs	Qualitative group discussions ($n=14$ interviewees from 3 integrative/inclusive training groups, 10 of whom experiencing disabilities) Aim: Collection of individual level data of people experiencing disabilities regarding their social integration in integrative/inclusive training groups and sports clubs

6.2 Data collection and analyses

6.2.1 Systematic literature review on social participation of people experiencing disabilities in organized community sports (manuscript 1)

For the systematic literature review, literature research was conducted in relevant databases (see Table 1) with keywords similar or related to previous literature on social participation of people experiencing disabilities in organized sports (see Table 1 in Appendix 1.1). After the initial literature research, titles, abstracts, and if applicable, full texts were examined with a catalogue of inclusion and exclusion criteria for the fit (see Appendix 2.1) resulting in 25 studies being included in the qualitative synthesis (for further information on the article selection see Figure 1 in Appendix 1.1).

6.2.2 Social inclusion and volunteering in sports clubs in Europe (manuscript 2)

The European project SIVSCE collected comprehensive and comparable data on the political conditions for and structural characteristics of sports clubs that promote social integration and volunteering in sports clubs in 10 European countries (Belgium, Denmark, England, Germany, Hungary, the Netherlands, Norway, Poland, Spain, and Switzerland). This data was collected and presented within seven work packages (WPs). WP 1 was a collection of sports policies in all of the participating countries (Ibsen et al., 2016). For WP 2, a sports club survey was conducted in each of the participating countries (Breuer et al., 2017) and for WP 3, an online member survey was conducted in at least 30 sports clubs with a sample of at least 2,000 members and volunteers within each of the participating countries (van der Roest et al., 2017). Relevant data from WPs 2 and 3 were analyzed for manuscript 2 of this doctoral thesis. WP 4 is an analysis of the results of WPs 1, 2, and 3 to elucidate relevant organizational, political, and cultural factors for social integration and volunteering in sports clubs. For WP 5, three interesting practice examples concerning volunteering and social integration from each country were selected and described (Piatkowska et al., 2017). WP 6 was an elaboration of a handbook with suggestions on how to promote social integration and volunteering in sports clubs for relevant actors (S. Nagel, Elmoose-Østerlund, & Ibsen, 2020). Broad dissemination of findings and suggestions was implemented in WP 7.

In the study, out of the 35,790 contacted clubs, 642 sports clubs completed the voluntary sports club survey (see questionnaire in Appendix 3.1) of WP 2 regarding structural characteristics and main issues concerning the promotion of participation of specific member groups. The online member survey (see questionnaire in Appendix 3.2) of WP 3 focused on participation and social integration in sports clubs and socio-demographic variables. 14 items measuring the dependent variable, social integration, were reduced to the three dimensions of understanding/acceptance as a sub-dimension of socio-cultural integration, interaction as a sub-dimension of socio-affective integration, and identification as another sub-dimension of socio-affective integration (Elmoose-Østerlund et al., 2019). Data were analyzed by IBM SPSS Statistics Premium Campus Edition 25. Social integration of members experiencing and not experiencing disabilities were compared with bivariate analyses. As the subsamples of members experiencing disabilities in each club were less than five members in most clubs, the requirements for a multilevel analysis with club as a second level factor was not fulfilled. Therefore, multilevel analyses only included country as a second level to check for country

variations. Intercept variances at the country level were not significant for all three dependent variables and the intra class correlations were relatively low (0.016–0.039), indicating that a limited percentage (only up to 4%) of the variation in the dependent variables can be explained by differences at the country level. Therefore, ordinary least squares (OLS) regressions for understanding/acceptance, interaction, and identification were carried out only for members experiencing disabilities with three different models for each sub-dimension (see Table 2 in Appendix 1.2).

Thereby, the first models include independent variables describing the disability status and the socio-demographic background. These are the disability form (physical disability, visual impairment, hearing impairment, chronic disease, and psychosocial disability⁷), presence or absence of the need for special accommodations, presence or absence of the experience of personal, social, structural, or other restrictions, gender, age (16–39, 40–59, 60 years or more) and education level (low, medium, high).

In addition to the first models, the second models included independent variables on affiliation as a regular or occasional volunteer, participation, and the size of the team or training group where the member is most frequently active (0–2, 2–10, more than 10 others). Variables on participation include the membership duration (less than 1 year, 1–2, 3–4, 5–10, 11–20, more than 20 years), sports participation frequency (not sports active in the club, less than once a month, 1–3 times a month, 1 time a week, 2 times a week, 3 times a week or more) and whether there is participation in competitions.

In the third models, regarding the organizational level of the training group, it is added if a member experiencing a disability practices only in a separate group together with other people experiencing disabilities and/or in a mixed integrative/inclusive setting alongside members without disabilities. The relevance of organizational factors was analyzed with correlation analyses between club goals and initiatives on the side of the sports clubs and integration of members experiencing disabilities on the other side (for further information see Appendix 1.2).

6.2.3 Structural conditions of participation for children and adolescents experiencing disabilities in sports clubs (manuscript 3)

In the BASPO project, a multiple case study with a triangulation of methods and data sources was conducted (Yin, 2014). The noted study analyzes the social integration of members in integrative/inclusive training groups and sports clubs and the relevant organizational and individual factors required to reach a deeper understanding of their social world. This is completed by exploring their social and material circumstances, their experiences, perspectives, as well as their history. This means that results of different methods are integrated into an inference process. This allows one to understand the complexity and to build greater understanding and insight of the social world than is possible from one approach alone (Snape & Spencer, 2012). Therefore, the study was carried out with a mixed-methods approach with a qualitative focus and additional quantitative descriptive background data for supplementation (Flick, 2011).

⁷ People experiencing intellectual disabilities were not included due to the small sample size.

In the BASPO project, first, 16 training groups in 14 sports clubs where people experiencing disabilities participate (8 separate, see Table 2; 8 integrative/inclusive, see Table 3) were selected via snowball sampling (Goodman, 1961; Ritchie et al., 2012). Subsequently, three different integrative/inclusive training groups were theoretically selected from these based on Elling et al.'s (2001) stages of structural integration in order to have a diverse and purposive sample. For theoretical generalizability it is not so much the number but the diversity of the cases included that is decisive (Flick, 2015). As minimal integration occurs when individuals hardly mingle in the context of sports, this stage could not be covered in the present study. Regarding competitive integration, there was no disability sports club in the sample that competes in mainstream competitions. However, in a track and field club (case 2), which is at the stage of direct integration, participants experiencing disabilities compete in mainstream competitions at a very high level. An included soccer club (case 1) offers a training group at the stage of organizational integration where a disability training group is integrated in a regular sports club – in this case a professional club. A selected goalball club (case 3) can be located at the stage of inverse integration, where people without disabilities participate in a disability training group. Furthermore, the spectrum of the sample is quite broad to capture different kinds of sports (individual and team sports), different levels (grassroots and competitive sports), and degrees of urbanization (rural/urban; case 1: 42,623 inhabitants, case 2: 109,775 inhabitants, case 3: 5,892 inhabitants). However, only single-sports clubs, which only offer one kind of sport, were included. The clubs differ regarding club sizes (case 1: professional club organized as a stock corporation and therefore membership numbers are not available; case 2: 350; case 3: 56). Compared to the total population of Swiss sports clubs, case 3 has fewer members than average clubs (mean=106 members; Stamm et al., 2015) whereas case 2 is a rather big club compared to the rest (92 % have up to 300 members; Lamprecht et al., 2017). The main coaches in all cases have many years of experience (for further information on selected cases and interviewees see Table 1 in Appendix 1.3).

Table 2

Sample overview of separate disability training groups

Type of sports club	Members (wd)	Volunteers (wd)				Sports form	Kind of sport	Coaches + assistant coaches	Participants (gender, age)	Disability types
		Board members	Coaches/ instructors	Referees/ officials	Others					
Disability	200 (160)	10 (2)	20 (2)	n/a (n/a)	1	Main-stream	Floorball	1 + 2	17 (15 m, 2 f; 9-22 y)	bp, id, ld,, pd, md
Disability	110 (93)	7 (1)	16 (0)	0 (0)	0 (0)	Main-stream	Multisport	1 + 2	15 (11 m, 4 f; 8-16 y)	bp, id, ld, pd
Disability	328 (283)	7 (3)	n/a (n/a)	n/a (n/a)	0 (0)	Main-stream	Swimming	1 + 4	5 (5 m; 4-27 y)	id, pd; md
Disability	747 (577)	50 (20)	50 (10)	0 (0)	50 (10)	Main-stream	Multisport	3	8 (4 m, 4 f; 14-32 y)	id, pd, vi; md
						Main-stream	Soccer	2	10 (9 m, 1 f; 10-30 y)	bp, hi, id, ld, pd; md
Disability	108 (71)	9 (n/a)	36 (n/a)	0 (0)	4 (n/a)	Main-stream	Rock climbing	1-4	8 (4 m, 4 f; 18-42 y)	id, pd; md
Disability	118 (118)	5 (2)	n/a (1)	n/a (n/a)	n/a (1)	Main-stream	Floorball	2	10 (6 m, 4 f; 10-18 y)	id, pd; md
Main-stream	400 (20)	2-3 (0)	2-3 (0)	2 (0)	2 (0)	Main-stream	Soccer	2	16 (14 m, 2 f; 9-20 y)	id, ld, pd, vi

Cells in the white background relate to the sports club and the grey background to the training group. bp: psychosocial/behavioral problem; f: female; hi: hearing impairment; id: intellectual disability; ld: learning disability; m: male; md: including members with multiple disabilities; n/a: numbers not available; pd: physical disability; vi: visual impairment; wd: thereof with disability; y: years

Table 3

Sample overview of integrative/inclusive training groups

Type of sports club	Members (wd)	Volunteers (wd)				Sports form	Kind of sport	Coaches + assistant coaches	Participants (gender, age)	Disability types
		Board members	Coaches/instructors	Referees/officials	Others					
Disability	10 (6)	1 (1)	2 (1)	0 (0)	3 (1)	Main-stream	Swimming	1	6 (2 m, 4 f; 14-50 y), 3 wd	pd
						Main-stream	Swimming	1	3 (2 m, 1 f; 9 y), 2 wd	pd, vi; md
Disability	12 (8)	3 (1)	1 (0)	3 (2)	0 (0)	Adapted	Rafroball	3	8 (6 m, 2 f; 20-64 y)	id, pd; md
Disability	56 (4)	7 (3)	3 (3)	3 (0)	1 (0)	Adapted	Goalball	2 + x ¹	15 (10 m, 5 f; 12-53 y), 3 wd; case 3 ²	vi
Main-stream	350 (2)	n/a (0)	n/a (0)	n/a (0)	n/a (1)	Main-stream	Track and field	1	13 (6 m, 7 f; 13-25 y), 2 wd; case 2 ²	pd, vi
Main-stream	800 (1)	8 (0)	30 (0)	5 (0)	0 (0)	Main-stream	Swimming		7 (4 m, 3 f; 9-17 y), 1 wd	id, pd; md
Main-stream	n/a ³ (20)	0 (0)	0 (0)	0 (0)	0 (0)	Main-stream	Soccer	1 + 2	20 wd (16 m, 4 f; 10-16 y) + asylum seekers; case 1 ²	id
Main-stream	62 (12)	1 (0)	1 (0)	0 (0)	7 (1)	Adapted	Wheelchair line dance	1	18 (4 m, 14 f; 13-65 y), 10 wd	pd

Cells in the white background relate to the sports club and the grey background to the training group. f: female; id: intellectual disability; m: male; md: including members with multiple disabilities; n/a: numbers not available; pd: physical disability; vi: visual impairment; wd: thereof with disability; y: years

¹ Several players act as assistant coaches.

² These are the three selected cases for the multiple case study.

³ Stock corporation: membership numbers not available.

For an initial overview and more proximity to the research subjects, coaches provided documents, club websites, and details on the training group and participants (Mayring, 2016). Afterward, non-participant observations of training sessions that provide insights into actions, relationships between people, structures, and contexts were carried out with an observation protocol (see Appendix 4.2). Observation categories included accessibility, infrastructure, sports material, social interactions between participants and coaches and between participants as well as the integration in the assembly, and dismantling for the exercise program. Further categories involved particularities regarding the sports exercise of members experiencing disabilities (e.g., differences in motor abilities and skills, necessary accommodations), the implementation of the training (e.g., contents and organization), and the arrangement of the beginning and end of the training.

Directly after the observations of the training sessions, semi-structured expert interviews with an interview guide (see Appendix 4.2), which enables a control and structuring function that involves the researchers' previous knowledge (Misoch, 2015), were conducted with coaches. These interviews lead to further insights regarding the respective sports clubs and training groups. This was especially helpful for the discussion of questions raised during the observations. For the empirical anchoring of the theory (Steinke, 2015), the guidebook contained questions on the training group level as well as on the club level regarding the expectation, interpretation, and constellation structures (Schimank, 2016). On the training group level, the focus was on access and involvement of participants experiencing disabilities (e.g., interactions with other training groups and club members), organization of training sessions (e.g., particularities in the planning and realization of training), support services, cooperation, and exchange of information for coaches and participants within and outside of the club (e.g., transport services and grants). At the club level, topics included the supply structure of the club (e.g., training groups and social gatherings) as well as the club culture, programs, and goals (e.g., openness towards people experiencing disabilities). The final questions focused on conducive and hindering factors for people experiencing disabilities when participating in the training groups. In addition to the non-participant observations of training sessions and expert interviews with coaches, there was an online questionnaire (see Appendix 4.1) completed by club officials to supplement the data from the training group level with data from the club level.

Finally, participants of the case studies were interviewed about their experiences regarding social integration in the training group and in the club. Problem-centered group discussions to explore the understanding of typical mechanisms or types of social integration were conducted with two or three interviewees (see Appendix 4.3). Topics in the data collection included the recruitment and retention of members experiencing and not experiencing disabilities. It also looked at the satisfaction with and wishes regarding sports and club offers for participants experiencing disabilities as well as their social integration according to Esser's (2009) four dimensions.

Expert interviews with coaches lasted between 25 to 80 minutes with an average duration of 50 minutes. Group discussions lasted 25 to 65 minutes with an average duration of 40 minutes. Directly after the interviews, researchers took field notes on the interview location, interview duration, characteristics of the interview partners, disturbances, and particularities. With regard to rule guidance (Mayring, 2016), interviews were audio-taped and transcribed content-semantic (Dresing & Pehl, 2015) with the software f4transkript and data were analyzed through

the thematic analysis with a semantic focus according to V. Braun & Clarke (2006, 2012, 2013) using the software ATLAS.ti version 7. For the deductive category application, a code plan was created according to the theory-based interview guides and the observation protocol (see Appendix 4.4). However, the analysis was quite flexible and open, so that categories were revised during coding for their reliability to name relevant factors for social integration, and to describe characteristics and recognize patterns. Additional categories were added inductively to the code plan during the encoding process (V. Braun et al., 2016). As the epistemological stance of this work is constructivism, for reflected subjectivity and intersubjective traceability (Steinke, 2015) in the sense of argumentative interpretation support (Mayring, 2016), all transcripts were analyzed by two coders of the research team independently and then compared afterward to consider alternative interpretations. For consensual coding, differences were discussed and in difficult cases, a third researcher was consulted. Furthermore, for communicative validation purposes, the transcripts and interpretations were sent to the interviewees to give them the opportunity for member checking. Through that, the results of the analyses and reconstructions of subjective meanings are verified (Mayring, 2016).

7 Summary of the results from manuscripts 1, 2, and 3

7.1 Social participation of people experiencing disabilities in organized sports (manuscript 1)

In the first manuscript, the participation of people experiencing disabilities in organized sports settings was addressed in a systematic literature review. 26 articles of 25 studies were selected. Thereby, people experiencing disabilities participate in local sports organizations ($n=13$; 7 separate, 3 inclusive, 2 not specified, 1 inclusive and separate), community competitions/leagues ($n=5$; 2 inverse-integrative, 1 separate, 1 integrative and separate, 1 not specified), local sports camps ($n=4$; 3 separate, 1 inclusive), and inclusive Special Olympics sports programs ($n=3$) (see Table 2 in Appendix 1.3). The specific sports offered in the studies (multiple answers possible) were swimming for people experiencing physical and intellectual/mental disabilities ($n=4$), basketball for people experiencing different disabilities ($n=3$), and soccer ($n=2$) for people experiencing intellectual disabilities. Canoeing ($n=1$) and baseball ($n=1$) were offered for people experiencing intellectual/mental disabilities. Orienteering, golf, and archery were offered to people experiencing physical disabilities ($n=1$). Wheelchair basketball ($n=4$), track and field ($n=2$), wheelchair racing ($n=1$), tennis ($n=1$), and cycling ($n=1$) were offered for wheelchair users. Furthermore, mixed ability rugby was analyzed in one study.

Concerning Koster et al.'s (2009) concept of social participation, four topics that are associated with social participation in organized sports could be differentiated. The two key topics of (1) *friendships/relationships and contacts/interactions* were merged as they were mostly treated together in the included articles ($n=12$, multiple topics possible). As studies on self-perception of social competence (a sub-theme of Koster et al.'s perceptions) mainly dealt with identity formation these were summarized under the topic (2) *self-perception and identity formation* ($n=8$). A further part of the articles focused on the subtheme (3) *social support* of the key theme of social acceptance ($n=9$). Moreover, as four studies covered (4) *community integration* this was labeled as a further topic in the results.

Concerning general research question 1 of this doctoral thesis, the results draw a mixed picture of social participation of people experiencing disabilities in organized sports. Participation in each of separate, inverse-integrative, or inclusive settings showed both positive but also negative outcomes. Most of the studies identified social benefits for people experiencing disabilities concerning the four noted topics. This confirms the potential of organized sports in different settings (Kristén et al., 2002; Kristén et al., 2003; Ninot et al., 2000). Organized sports in separate settings provide opportunities for social contact, positive social interactions, reciprocal relationships, and friendships (topic 1). Such relationships may positively contribute to social skills, identity formation, group or community cohesion, and social belonging (topic 2). Thereby, older participants serve as role models (Anderson, 2009; Atherton, 2007; Goodwin & Staples, 2005; Lyons et al., 2009; Piatt et al., 2018). Besides, involvement in organized separate sports settings is positively related to the participants' perceived physical competence, general self-worth, and social acceptance (Weiss et al., 2003). Moreover, participants in separate organized sports settings receive more social support (topic 3) than participants in informal settings (Anderson et al., 2008).

Also, participation in inverse-integrative settings promotes inclusive friendships (topic 1) and has a positive influence on society's perceptions of people experiencing disabilities (Medland & Ellis-Hill, 2008). Furthermore, it contributes to the positive self-perception (topic 2) of people experiencing disabilities with enhanced athletic identities (Spencer-Cavaliere & Peers, 2011). There is evidence that people experiencing disabilities benefit from social contact in inclusive settings that increases their social capital, fosters social networks, relationships, and friendships (topic 1; Carter et al., 2014; Corazza & Dyer, 2017; Devine & O'Brien, 2007; Hassan et al., 2012; McConkey et al., 2013; Goodwin et al., 2011). Moreover, sports participation with non-disabled participants contributes to personal development, leading to positive self-perception that includes an enhanced athletic ability and identity as well as increased confidence being in groups (topic 2) and lower stress levels (Crawford et al., 2015; Spencer-Cavaliere & Peers, 2011). In addition, participation in inclusive sports settings can lead to an increase in perceived social support (Hassan et al., 2012). Concerning the additional topic 4 of community integration, the participation of people experiencing disabilities in organized sports correlates with higher employment rates (Blauwet et al., 2013; Hanson et al., 2001) and positively affects the level of community integration (Urbański et al., 2013).

However, there are also studies reporting negative outcomes for people experiencing disabilities, when participating in inclusive settings. These studies highlight the negative aspects of social contact (Devine & O'Brien, 2007), such as a lack of understanding between people experiencing disabilities and not experiencing disabilities (Tsai & Fung, 2009). These possible negative outcomes indicate that organized sports only yield positive effects under certain conditions. Integrative/inclusive settings specifically may lead to negative aspects given that people experiencing less severe disabilities and thus having lower support needs would benefit more from integrative/inclusive mainstream sports settings (Sørensen & Kahrs, 2006), whereas people with greater support needs might benefit more from separate settings (Spencer-Cavaliere et al., 2017). This result illustrates the importance of different settings so that people experiencing disabilities can choose between separate and integrative/inclusive settings as is claimed in the UN CRPD (2006). Hereby it is important to analyze the conditions under which a certain setting is appropriate and the population it is aimed at. Hence, the systematic literature review demonstrates the need for further quantitative and qualitative studies that consider relevant factors for the social integration of people experiencing disabilities in organized sports at different levels. This is especially important at the organizational level as is implemented in the studies for manuscripts 2 and 3. Such studies have the potential to contribute to capacity building of disability and mainstream sports organizations, strengthen the positive and minimize the negative impact of participation in organized sports, and contribute to the full and equal participation of people experiencing disabilities.

7.2 Social integration of members experiencing disabilities in European sports clubs (manuscript 2)

Participation in sports clubs is often ascribed with the ability to promote social integration of vulnerable population groups, including people experiencing disabilities, since it can provide a platform for creating social networks and friendships. However, integration is not reached automatically, as it was also shown in manuscript 1, and it is strongly reliant on specific factors

and conditions. Therefore, manuscript 2 focuses on the specific organized sports setting of sports clubs. Thereby, it compares the degree of social integration of club members experiencing and not experiencing disabilities, and analyzes individual and organizational factors relevant for the social integration of members experiencing disabilities.

The bivariate analyses showed that members experiencing disabilities feel socially integrated in the club in all measured sub-dimensions, understanding/acceptance, interaction, and identification, to the same extent as members without disabilities. There were only significant differences when regarding different disability types. Members without a physical disability ($n=10,485$) score higher in interaction ($t^8(11.089)=3.281$; $p_{2\text{-tailed}}=.001$) than members experiencing a physical disability ($n=606$). Members experiencing an intellectual disability score significantly lower in understanding/acceptance ($t^9(15.020)=2.742$; $p_{2\text{-tailed}}=.015$; $n_{\text{people with intellectual disability}}=16$; $n_{\text{people without intellectual disability}}=10,332$) and identification ($t^9(16.024)=2.236$; $p_{2\text{-tailed}}=.033$; $n_{\text{people with intellectual disability}}=17$; $n_{\text{people without intellectual disability}}=10,719$). Furthermore, members experiencing a psychosocial disability ($n=85$) score significantly lower ($t^9(84.801)=3.604$; $p_{2\text{-tailed}}=.001$) than people without a psychosocial disability ($n=10,263$) in understanding/acceptance.

There are even fewer effects of the variable disability form in the OLS regression (see Table 5 in Appendix 1.2) as experienced restrictions and socio-demographic determinants are controlled in models¹⁰ 1. Then, of the members experiencing disabilities, only members experiencing a psychosocial disability reached lower values in understanding/acceptance. Concerning restrictions, the study indicated that only people experiencing social restrictions are less integrated with regard to the sub-dimensions interaction and identification in models 1. Personal, structural, or other restrictions and if accommodations are needed proved not relevant. Men scored higher regarding understanding/acceptance and interaction in the first models. Age found to be relevant for identification as members between 40-59 years reach significantly lower values compared to members aged 16-39 years in models 1 and 2. Members with high education level scored lower in identification in models 1, 2 and, 3, and higher in understanding/acceptance in models 1 and 2 compared to members with low education level.

The second models show that the variables describing affiliation and participation of members experiencing disabilities seem more relevant for social integration in the club than indicators of disability. Moreover, the R^2 -values for the second models are much higher than for the first models. Accordingly, occasional voluntary engagement or even better regularly positively correlates with all dimensions of social integration in models 2 and 3. Membership duration positively correlates with understanding/acceptance in model 2 and with interaction in models 2 and 3. However, the sports participation frequency and participation in competitions only positively correlate with interaction in models 2 and 3.

Regarding organizational factors of the training group, a group size larger than three other members positively correlates with interaction and identification in models 2 and 3.

⁸ Equal variances assumed.

⁹ Equal variances not assumed.

¹⁰ There are three models 1, 2, and 3 each for the sub-dimensions interaction, identification, and understanding/acceptance separately.

Furthermore, the setting matters (i.e., separate or integrative/inclusive settings), as the third models show that members experiencing disabilities practicing sports in both settings, solely with people experiencing disabilities as well as mixed with people without disabilities, reach higher values in interaction compared to those practicing in a separate setting only.

According to organizational factors recorded on the club level, only special initiatives for people experiencing disabilities significantly correlate with the identification of members experiencing disabilities ($t^{11}(1.340)=-2.065$; $p_{2\text{-tailed}}=.039$; $N_{\text{members in clubs without initiatives}}=1068$; $N_{\text{members in clubs with initiatives}}=274$). There are no significant correlations between social integration of members experiencing disabilities and the club goals of helping socially vulnerable groups – including people experiencing disabilities – to become better integrated into the club and of including many population groups (measured on a five-point Likert scale).

According to the results of this study, the degree of social integration seems to be more reliant on individual factors describing affiliation and participation, than on disability-specific organizational factors of sports clubs. However, since this is a cross-sectional study, causal relations are still unclear, i.e., whether members that are engaged in volunteering become more socially integrated or whether members that are better socially integrated are more inclined to become active in volunteering. The situation is similar concerning the membership duration, as the results do not show whether members become better socially integrated over time or if they remain a member because they are better socially integrated in the club from the beginning. Therefore, factors relevant for social integration should be further explored and future studies should attempt to explore underlying mechanisms, both from the perspective of people experiencing disabilities and from the perspective of sports organizations.

7.3 Social integration of members experiencing disabilities in integrative/inclusive training groups and sports clubs in Switzerland (manuscript 3)

This multiple case study explores three integrative/inclusive training groups, where individuals experiencing and not experiencing disabilities practice together, in the German-speaking part of Switzerland. Thereby, the study analyzes to which extent members feel socially integrated into training groups and sports clubs according to Esser's (2009) dimensions of social integration: *culturation*, *interaction*, *identification*, and *placement*. Moreover, as it lacks on knowledge about causal relations and mechanisms as was noted in manuscript 2, the study focuses on individual and organizational factors relevant for social integration as well as the underlying mechanisms, both from the organizational perspective of board members of the clubs and coaches as well as from the individual perspective of the people experiencing disabilities.

Regarding *culturation*, younger interviewees experiencing intellectual disabilities only know explicit rules (case 1), whereas older interviewees experiencing visual impairments or physical disabilities also are familiar with and behave according to implicit values and norms and understand club procedures so that they can influence decisions (cases 2 and 3). Therefore,

¹¹ Equal variances not assumed.

interviewees in cases 2 and 3 are to a higher extent socially integrated than interviewees in case 1.

In the dimension *interaction*, interviewees appreciate each other and show mutual respect. They are able to establish and preserve friendships within the training group and interviewees in case 2 also within the sports club. This is particularly evident in cases 2 and 3, where interviewees even have contact outside of the club, and interviewees experiencing disabilities experience social support for sports. For example, regular dinner gatherings after training in case 3 are a facilitating factor to build and maintain social contacts. Additionally, as anticipated, previous contacts and higher social connectedness with the club lead to further integration into the club. Regarding the relationship between coaches and participants, the interviewees in cases 2 and 3 can actively engage in open discussions with their coaches. Moreover, the study participants experiencing disabilities emphasize that they are all treated equally in terms of equal rights, but with adjustments if necessary as the non-participant observations of training sessions showed, and receive the same attention as this citation from participant 8 illustrates:

I like that we are all coached in the same way and he [coach] doesn't say you can take one more break than the others or something like that. I must train just as hard. I like that; that's very positive. (participant 7, 309-311)

Though the participants appreciate the equal treatment, the coach in case 2 sees a lack of disability-specific knowledge as an issue. However, the athletes do not see it as a barrier.

Regarding the dimension of *identification*, all interviewees are proud to belong to the club. However, for some, especially those who are active volunteers and/or participate in competitions, the club is more important than for others, and they show different levels of emotional attachment. Therefore, interviewees in cases 2 and 3 identify stronger with their club as this citation shows:

Definitely [I am proud to belong to the club]. It is a very familiar club, also a high-performance club. Even though it is small, we have some top athletes and therefore I am in any case proud that I am in this club. (7, 944-946)

Still, interviewees in case 1 are proud that they can practice in the stadium of the first team as this citation illustrates:

I think the players are very great as is the stadium. And it's also great that we can even be here in the club and play here. (9, 560-561)

Here, manuscript 3 confirms results of manuscript 2 where variables describing affiliation and participation are more important than disability-specific factors. Younger age and an intellectual disability seem rather hindering for higher values. On the organizational level, in contrast to manuscript 2, members of a club that has special initiatives for people experiencing disabilities, as in case 1, did not show higher scores in identification.

Most of the differences between organizational (case 1), competitive/direct (case 2), and inverse integration (case 3) are in the dimension of *placement*. Here, interviewees experiencing intellectual disabilities in case 1 seem less integrated as they are not voluntarily active, whereas, from cases 2 and 3, four of the interviewees experiencing disabilities are active as regular or occasional volunteers. Moreover, interviewees in case 1 do not have to pay membership fees what can be seen as a special initiative for people experiencing disabilities, and they do not participate in the general assembly. Interviewees in case 1 are

also less interested in the club's policies and therefore discuss club matters less. This also indicates that interviewees in case 1 are to a smaller extent socially integrated, although the club has special initiatives. However, some interviewees in case 3 also do not discuss club matters with other members because they do not see the need as

it just works out (12, 517-518)

or they

do not know who to talk to. (11, 422)

Regarding the underlying mechanisms on the individual level, it seems that interviewees in cases 2 and 3 are voluntarily active because they are well integrated, and this also leads to further integration of them in the broader context of the club and therefore to higher levels of identification. Concerning the disability type, some disadvantages are due to the fact since disability has to be accepted as a visually impaired athlete pointed it out when he said:

If you are 100 % reliant on public transport, you have to accept that it takes you longer to get [to training]. (8, 153-155)

Interestingly, interviewees seem to accept these hindering factors relatively easily whereas a coach found the waiting for sprint prostheses and a lack of technical support – they had to wait for almost one year – as a big issue. For the athlete (participant 7) herself in turn, it was not worth mentioning. Accordingly, a very high intrinsic motivation seems to be a facilitating factor as the athletes in case 2 state that to be loaded with honors is nice, but in the end, they do the sport for themselves. Nevertheless, it has to be remembered that they are active in a high-performance setting and of course want to perform well.

Social integration might also depend on the stages of structural integration according to Elling et al. (2001) at the organizational level of the training groups, as interviewees in cases 2 and 3 that are integrated into higher stages than organizational integration (case 1) tend to be better socially integrated. The inverse integration in case 3 works well, implying that it should be suitable for the two groups to exercise together if the kind of sport is appropriate for participants experiencing visual impairments. On the organizational level of sports clubs, the successful social integration of people experiencing disabilities can be both random as in case 2 and planned as in case 1, where special training is explicitly organized to promote diversity and in case 3, where inverse integration is seen as a club goal. In this study, a smaller club size seems rather well in facilitating successful social integration, as cases 2 and 3 represent two small clubs.

Overall, people experiencing disabilities, both male and female, seem well socially integrated in the integrative/inclusive training groups and in the corresponding sports clubs, comparable to people without disabilities, which is in line with the results of manuscript 2. Moreover, cultururation and placement seem to correlate more with the individual than with organizational factors as was already found in manuscript 2. However, barriers seem to exist concerning structural integration to join a club. Here, insights show that often the initiative of the study participants with disabilities and/or social support was needed to join a training group. Thereby, people experiencing mild disabilities, for example, members experiencing a physical disability in case 2 or members experiencing visual impairments in cases 2 and 3, can be active members of a club without requiring the club to accommodate them. They have to overcome smaller obstacles regarding the integration to organized sports. Whereas for people

experiencing moderate disabilities, like members experiencing intellectual disabilities in case 1, that also have lower education levels, the club has to offer special provision, which requires a special effort and people that take the initiative to do this. This may explain the slightly lower levels of social integration, especially in the dimension of placement where hierarchical resources are distributed.

8 Discussion

The aim of this doctoral thesis was to gain deeper insights into the participation of people experiencing disabilities in organized sports settings. The systematic literature review (manuscript 1) gives an overview of the social participation of people experiencing disabilities in different settings of organized sports as well as discusses their positive and negative outcomes. Following from this, this doctoral thesis examined the degree of social integration of members experiencing disabilities in European sports clubs as well as the relevance of a broad range of individual and organizational factors. This was executed with a quantitative cross-sectional study in manuscript 2 and with a multiple case study in Swiss training groups and sports in manuscript 3.

The systematic literature review showed that people experiencing disabilities participate in different organized sports settings leading to various outcomes within the sports setting and in a broader sense regarding integration through sports into other parts of society. Specifically, participation in organized sports may lead to higher levels of community integration (McVeigh et al., 2009) including higher chances of being employed (Blauwet et al., 2013, Hanson et al., 2001). However, it is important to note that this may be a bidirectional relationship in that people experiencing disabilities that are employed are also more likely to be active in an organized sports setting. This former finding is in line with the findings of Darcy and Dowse (2013) indicating that people with stronger support needs benefit less from participation in organized sports settings. Moreover, Tsai and Fung (2009) speak from a lack of quality contact between people experiencing and not experiencing disabilities. Similarly, Butler and Hodge's (2004) observation about integrative/inclusive settings in the physical education context shows that contacts and interactions are often unidirectional in that they only emanate from the children experiencing disabilities. Furthermore, differences become more obvious in integrative/inclusive settings. Therefore, it is important to study people experiencing disabilities' sports participation and to support relevant factors that may increase their sports participation, maximizing positive outcomes and minimizing negative side effects.

Manuscripts 2 and 3 show that, if people experiencing disabilities participate in training groups of sports clubs, they tend to be well socially integrated. However, the sample of people experiencing disabilities who can join a training group is dependent on the body's capabilities and thus quite selective, in contrast to the ability to join other associations. The examples of capoeira and boxing in Meziani's (2018) study show that the social world of sports remains based on selection according to skill level, as athletes have to develop specific skills to be included. This is consistent with findings of Darcy and Dowse (2013) who note that people with stronger support needs show lower sports participation levels and with findings of Sørensen and Kahrs (2006) who found that people experiencing more severe disabilities might not have the opportunity to be active in the integrative/inclusive context and need special organizations and support. In addition, people with stronger support needs might not have been able to participate in the online survey for manuscript 2. Those members that are better socially integrated were probably more likely to complete the questionnaire for manuscript 2 or to participate in the group discussions as was also pointed out by participants in the study for manuscript 3. In connection with this, both structural integration and social integration depend on the severity and form of disability. Accordingly, study participants experiencing social restrictions score lower in interaction and identification (manuscript 2). Moreover, study

participants experiencing psychosocial disabilities show lower values in understanding/acceptance (manuscript 2), and interviewees experiencing intellectual disabilities in case 1 are less integrated in the dimension of placement (manuscript 3).

Another factor on the individual level that turned out to be relevant for social integration of people experiencing disabilities in sports clubs is volunteering, which is self-reinforcing. This is in line with Putnam (2001) who argues that people who spend time, money, and/or are active as volunteers for an organization feel more connected to this organization. However, the severity and form of disability are relevant here as well as they affect the possibility of being an active volunteer. Overall, to take up an honorary activity not only requires a certain degree of social integration initially. It is also a self-reinforcing process that leads to further integration in the club as the results of manuscript 3 showed where volunteering was a dependent variable as part of the dimension placement of social integration (Esser, 2009).

On the organizational level of training groups, manuscript 3 contradicts findings of Greve and Bechthold (2019) noting that coaches have a special focus on participants experiencing disabilities. The present study indicated that participants experiencing disabilities are treated equally. Furthermore, in Greve's study (2017), a lack of disability-specific knowledge is seen as a barrier to participation of people experiencing disabilities in organized sports. In contrast, within manuscript 3, although the coach in case 2 sees this as an issue, the athletes did not perceive the notion that he had no prior knowledge on prostheses or on disability in general as a problem as he was quite open. Moreover, Greve (2017) describes a common understanding regarding the participation of people experiencing disabilities in the club and openness towards them as a facilitating factor. However, according to the coach in case 2 these requirements are not fulfilled in the club, and still the participation works well. This implies that in case 2 participation of people experiencing disabilities is working from a bottom-up process. Hereby, in the sense of Allport's (1958) contact hypothesis, within the training group, frequent contact with members of other groups reduces prejudices against these groups.

Overall, regarding the organizational level of sports clubs, hindering factors such as barriers in the infrastructure, insufficient sports materials and opportunities, transport difficulties and financial problems as well as a focus on team and competitive sports could not be verified in this doctoral thesis (e.g., Becker & Anneken, 2013; Wicker & Breuer, 2014). However, maybe this is because study participants are active in organized sports settings since they did not experience these barriers. In addition to factors previously looked at, we looked at the different organizational identities of each sports club according to Stenling and Fahlén (2016). However, high-performance mainstream sports clubs in cases 1 and 2 or a disability sports group-of-friends club in case 3, seem not relevant to levels of social integration in the case studies of this doctoral thesis (manuscript 3).

8.1 Limitations and future research perspectives

With regard to methods, it might be possible that the researchers had an influence on the participants and coaches during the non-participant observations and that coaches and participants answered according to social desirability in the interviews (manuscript 3). Moreover, the validity of the findings depends on how accurately the variables of social participation or social integration and disability can be measured, as people may have different

understandings and/or definitions of this terminology (Reinhardt et al., 2013; Ruoranen et al., 2015). This requires uniform conceptualization of and for the specific target group of people experiencing disabilities that should be further developed and applied in future studies.

Regarding the results, in Hanson et al.'s (2001) study, participants of separate university wheelchair sports camps showed higher levels of social integration than non-athletes. However, the causal relationships are not clear. Therefore, qualitative studies with non-members of organized sports settings, specifically in sports clubs, are needed. As a result, the following overarching research question should be explored. What are barriers to participation in a sports club on the training group and club level for non-sports club members experiencing disabilities? This main question could be specified in the following sub-questions. Which factors are crucial for former sports club members that are not active in a sports club anymore? What are the reasons for quitting the sports club? Which barriers are crucial for non-sports club members that have never been active in a sports club before? What are the reasons for not being a member of a sports club? On the other hand, large-scale longitudinal quantitative studies are indicated to gain more knowledge on the influence of individual, further organizational, and environmental factors impacting people experiencing disabilities' participation in organized sports.

Especially in the BASPO project, diverse social support of family, friends, and care persons turned out to be a further relevant factor in addition to other individual and organizational factors. Therefore, future studies should focus more on this area and subsequent practical implications. Moreover, to better identify integration processes, larger-scale quantitative, longitudinal studies should apply a questionnaire with Esser's (2009) four dimensions to reveal representative empirical evidence.

8.2 Practical implications and conclusion

This doctoral thesis shows that the different settings (separate and integrative/inclusive) can both foster the social participation or social integration of the heterogeneous target group of people experiencing disabilities. It is for this reason that the UN CRPD (2006) demands that both disability-specific sports as well as the possibility to participate in mainstream sports activities should be offered to the persons concerned such that they can choose to participate in sports settings according to their abilities and needs. Similarly, the study findings in Switzerland show that the parallel structure of separate disability and integrative/inclusive mainstream sports organization in the context of members experiencing disabilities may have its eligibility. Even though other nations that initiated a top-down strategy, like Sweden or Canada (Hoekstra et al., 2019), are much farther in promoting integrative/inclusive sports structures. Regarding integrative/inclusive structures there is a need for action in Switzerland regarding policies and the implementation of structures for the full and equal participation of people experiencing disabilities in organized sports. Nevertheless, according to Jeanes et al. (2018), the influence of the national sports association's policy at the macro level on the inclusive provision of sports clubs is rather small as they usually have a strong focus on competitive sports. However, competitive sports are only suitable for people experiencing mild to moderate disabilities and not for people with more complex needs. Manuscripts 2 and 3 confirm that structural integration is predominantly reliant on the individual level via bottom-up processes or the organizational level of sports clubs via top-down approaches to

integrative/inclusive provision. However, a larger range of environmental factors needs to be investigated in future studies. Furthermore, this doctoral thesis cannot confirm the finding that there is generally little connection between the mainstream provision and the integrative/inclusive section (Jeanes et al., 2018) as especially in case 2 (manuscript 3) there is a high connection – maybe because this is a high-performance setting.

The establishment of integrative/inclusive policies, according to Schimank (2016) expectation structures, within a club seems to be a process influenced by both, the club and its social environment consisting out of members and their social environment as well as potential members (Skille & Stenling, 2018). Therefore, sports clubs' significant contribution to the social integration of people experiencing disabilities can mainly be seen as a side effect (Elmose-Østerlund et al., 2020), which emphasizes the relevance of constitutive elements and economic characteristics. According to the constitutive elements (Horch, 1992), sports clubs are oriented towards the interests of their members. This means that if mainstream sports clubs have no members experiencing disabilities or members that are in contact with people experiencing disabilities, participation of people experiencing disabilities might not be a club priority. This in turn make such initiative not be part of the interpretation structures of a club. This applies vice versa to disability sports clubs regarding the participation of members without disabilities, which illustrates the importance of constellation structures. As membership in sports clubs in contrast to physical education at schools is voluntary, people experiencing disabilities may tend to join disability sports clubs, and people without disabilities may tend to join mainstream sports clubs, respectively. Moreover, people experiencing hindering factors will not join either mainstream or disability sports clubs. This tendency may limit diversity in disability and mainstream sports clubs and thereby limit the possibilities for participation. According to the subsidiarity principle, sports clubs are independent of third parties and therefore not obliged to fulfill social assignments such as fostering the participation of vulnerable population groups, including people experiencing disabilities. Sports clubs depend on the voluntary work of their members, which means that especially coaches in mainstream sports clubs may not be educated and/or equipped for the participation of people experiencing disabilities. In addition, democratic decision-making structures may complicate the participation of people experiencing disabilities in mainstream sports clubs and of people without disabilities in disability sports clubs as the group that should be integrated/included is always in the minority. Moreover, especially full members exert an influence on decisions, which may hinder the participation of the particular minority group as in mainstream sports clubs democratic co-determination is often reserved for members with full legal capacity. In disability sports clubs, it is sometimes reserved for people who experience a disability according to their legal status (Seitz et al., 2016). Connected with that, there is a lack of representation of people experiencing disabilities in decision-making positions as organizers of sports. This might even more limit the ability to bring issues regarding the participation of people experiencing disabilities in organized sports in the planning and implementation of sports policies. According to the economic characteristics (Horch, 1992; S. Nagel et al., 2004), the role of members as producers and consumers at the same time may hinder mainstream sports clubs to offer integrative/inclusive sports activities open to people experiencing disabilities. Vice versa, it may hinder disability sports clubs to offer integrative/inclusive sports activities open to people without disabilities. The situation is different for organized sports outside of sports clubs, e.g., commercial providers that have in contrast to sports clubs non-

profit orientation more economic interests or municipal providers that have to fulfill social missions and receive money for that. In contrast, sports clubs mainly rely on autonomous revenues (Horch, 1992; Horch, 1994).

All in all, sports clubs as autopoietic system (Luhmann, 2000) show to be particularly capable of learning regarding defense against possibly organization-endangering irritations (Thiel & Meier, 2004). This means that disability sports organizations protect themselves through not merging with the usually bigger mainstream sports organizations. This is evident because six out of nine disability sports clubs included in the BASPO project applied in the current doctoral thesis offer separate sports activities whereas four out of five mainstream sports clubs offer integrative/inclusive sports activities. An explanation of hindering factors for participation in club structures is possible considering the decision premises (Luhmann, 2000). Concerning the explicitly formulated premises, decision-making programs lead to sluggish negotiation systems, which make it difficult to react quickly to external policy changes like the ratification of the UN CRPD (2006) or other integrative/inclusive policies. Innovation towards the participation of people experiencing disabilities continues to be hampered by the independence of professional competence and hierarchical authority. That means that decisions made by officials can be overturned through the bottom-up principle by the members on the basis (Thiel & Meier, 2004). For example, if the club members do not see integration/inclusion of people experiencing disabilities as important as focus on high-performance sports, the officials' decision to add integration/inclusion as important club goal could be overturned. Moreover, barriers may subsist in the implicitly formulated decision premise of the organizational culture where people experiencing disabilities are stigmatized and might experience a pressure to assimilate (Meier & Thiel, 2006).

Interestingly, Seiberth et al. (2013) identify similar hindering factors on the organizational level of sports clubs for the vulnerable population group of girls and women with migration background. Thereby, they emphasize the central importance of what could induce sports clubs to deal with the topic of participation of vulnerable population groups from their very individual and rational perspective, because only then structural changes can be expected. For that, Kleindienst-Cachay et al. (2012) recommend the conversion of the discourse from morality to function and to demonstrate the functional necessity in club consulting.

In conclusion, it should be noted that participation of people experiencing disabilities in organized sports can only to a limited extent be influenced by factors on the meso and macro levels. However, people experiencing disabilities' participation in organized sports should not already fall short because of factors that can be improved. Therefore, it is worth exploring factors that help a club and its volunteers from not only being able to integrate/include people experiencing mild disabilities that can become active on their own initiative but to also facilitate access for people experiencing moderate to severe disabilities, e.g., through a buddy system or adaptations to the sports facilities.

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Appendices

Appendix 1: Manuscripts of the doctoral thesis

Appendix 1.1: Social participation of people with disabilities in organized community sport. A systematic review

Soziale Partizipation von Menschen mit Behinderungen im organisierten Sport. Eine systematische Übersicht

Klenk, C., Albrecht, J., & Nagel, S. (2019). *German Journal of Exercise and Sport Research*, 49, 365–380. <https://doi.org/10.1007/s12662-019-00584-3>

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Abstract

Sport is considered to have a high potential with respect to social participation of people with disabilities, in particular in inclusive settings. However, people with disabilities continue to face social exclusion in sport, as they are underrepresented in organized mainstream sport activities and disability sport often remains separate. Thus, organized community sport can both support and foster but also restrict or even impede social participation of people with disabilities resulting in that the organized sport's contribution to social participation is also critically questioned. This article provides a systematic review of current research on social participation of people with disabilities in organized community sport in separated and inclusive settings. The review of 25 relevant studies revealed four topics based on Koster and colleagues' applied theoretical framework that are associated with social participation in organized community sport: (1) social contacts, interactions and friendships, (2) identity, self-perception and acceptance, (3) social support and (4) community integration. The results draw a rather ambivalent picture of social participation of people with disabilities in organized community sport. However, most of the studies showed positive social benefits to people with disabilities for both separated and inclusive setting with respect to the four topics that underscore the potential of organized sport. However, there are also studies reporting negative aspects people with disabilities experienced, in particular when participating in inclusive settings. This article concludes by pointing to capacity building of disability and mainstream community sport organizations in order to strengthen the positive effects while minimizing and mitigating the negative effects to ensure effective social participation of people with disabilities.

Keywords: Disability sport; sport club; social integration; social inclusion

Zusammenfassung

Sport wird ein hohes Potenzial bezüglich der sozialen Partizipation von Menschen mit Behinderungen zugesprochen, insbesondere unter inklusiven Rahmenbedingungen. Jedoch erfahren Menschen mit Behinderung beim Sport soziale Ausgrenzung: Sie sind bei Aktivitäten des organisierten Nicht-Behindertensports unterrepräsentiert, der Behindertensport findet

zudem oftmals separativ statt. Folglich kann der organisierte Sport die soziale Partizipation von Menschen mit Behinderungen unterstützen und fördern, aber auch beschränken. Daher wird der Beitrag des organisierten Sports zur sozialen Partizipation auch kritisch hinterfragt. Der vorliegende Beitrag bietet eine systematische Übersicht aktueller Studien zur sozialen Partizipation von Menschen mit Behinderungen im organisierten separativen und inklusiven Sport. Basierend auf dem theoretischen Konzept von Koster et al. zeigt die Übersicht von 25 relevanten Studien vier Themen auf, die mit sozialer Partizipation im organisierten Sport assoziiert sind: (1) soziale Kontakte, Interaktionen und Freundschaften, (2) Identität, Selbstwahrnehmung und Akzeptanz, (3) soziale Unterstützung sowie (4) Integration in die Gemeinschaft. Die Ergebnisse zeichnen ein ambivalentes Bild: Einerseits zeigt die Mehrzahl der Studien den positiven Beitrag sowohl des separativen als auch des inklusiven Sports in Bezug auf die vier Themen auf, was damit das Potenzial des organisierten Sports bezüglich sozialer Partizipation unterstreicht. Andererseits fanden sich aber auch Studien, die negative Erfahrungen für Menschen mit Behinderung dokumentieren, insbesondere unter inklusiven Bedingungen. Der Beitrag schließt mit einem Verweis auf den Kapazitätenaufbau für Sportorganisationen mit dem Zweck, die positiven Effekte zu stärken und zugleich die negativen Effekte zu minimieren, um so eine wirksame soziale Partizipation von Menschen mit Behinderung zu gewährleisten.

Schlüsselwörter: Behinderung; Sportverein; Teilhabe; Inklusion

Introduction

With the United Nation's Convention on the Rights of People with Disabilities (UN CRPD) in 2006, the participation of people with disabilities¹ in sport became an increasingly important issue in sport organizations and sport science (Kiuppis, 2018). The UN CRPD aims to enable people with disabilities to fully participate on an equal basis in sport activities at all levels because physical activity not only positively affects biopsychological development but can also provide social benefits to people with disabilities, (e.g., Di Palma, Raiola, & Tafuri, 2016; Johnson, 2009). In particular, organized sport activities are considered to have a high potential for stimulating social participation, especially if they are integrative or inclusive, i.e., when people with and without disabilities are practicing sport together (Elling, de Knop, & Knoppers, 2001; Waring & Mason, 2010). Social participation aims at a meaningful participation (Willis et al., 2017) that refers to the qualitative nature of social aspects of participation, and therefore refers to something much more than the pure attendance of a sport activity or the pure membership. In this regard, organized sport can better affect social network building and seems to lead to greater participation of people with disabilities in other non-sportive social contexts; therefore, they are a key to building inclusive communities (Rimmer, 2008; Spaaj, Magee, & Jeanes, 2014).

¹ This article uses USA and UK terminology (Kiuppis, 2018), i.e., *people with disabilities* or *disabled people* and *people without disabilities* or *non-disabled people*, respectively, as it refers to established terms in research and it reflects the social model that is important to social participation issues (Peers, Spencer-Cavaliere, & Eales, 2014).

On the other hand, however, research indicates that people with disabilities experience social exclusion, as they are underrepresented in all forms of cultural life (Verdonschot, de Witte, Reichrath, Buntinx, & Curfs, 2009), including sport participation (Collins & Kay, 2014; Kingsley & Spencer-Cavaliere, 2015; Misener & Darcy, 2014). People with disabilities show lower participation rates in organized sport compared to the non-disabled population (e.g., Finch, 2001; Sotiriadou & Wicker, 2014; Ullenhag et al., 2012). Moreover, integrative and inclusive sport groups are quite limited or even unrealized (Kitchin & Howe, 2014); thus organized disability sport often remains separated and therefore faces discrimination and exclusion from non-disabled mainstream sport (Jeanes et al., 2018; Patel, 2015). There are various barriers affecting mainstream participation (e.g., Jaarsma, Dijkstra, Geertzen, & Dekker, 2014; McBeth, 2009; Shields, Synnot, & Barr, 2012), including factors at an individual level (e.g., motivation, skills), structural level (e.g., personnel, infrastructural, and financial resources), and environmental level (e.g., policy programs, societal attitudes). Moreover, the specifics of sport have to be taken into account; thus the predominance of physical performance and respective standards, and the largely speechless communication can make restrictions and exclusions for people with disabilities more visible than other non-sportive contexts do (Reuker et al., 2016; Spaaj et al., 2014).

Consequently, it becomes apparent that organized sport can both support and foster but also restrict or even impede social participation processes. Kissow (2015) even concluded in her review that there is no evidence if sport participation of people with disabilities implies an extended participation in society in general. Hence, the contribution of organized sport to social participation is also critically questioned (Coalter, 2007).

Therefore, comprehensive knowledge is needed to obtain a more balanced picture of social participation beyond normative sociopolitical demands arisen with the UN CRPD. To bridge this gap, this article provides a systematic review of existing studies providing empirical evidence on social participation of people with disabilities in organized community sport. For this purpose, a review of the most important international sport scientific databases and a thematic systematization of available studies will be carried out according to the theoretical framework of Koster, Pijl, Nakken, and Houten (2009).

Opportunities of participation for people with disabilities in organized community sport

For people with disabilities, organized community sport plays a crucial role as in group activities the social aspect of sport participation is much more apparent than in informal sport activities (Kanamori et al., 2012). At a local community level, different public and private sport organizations (e.g., schools, sports clubs, sport camps, commercial sport providers) are responsible for the delivery and organization of sport opportunities for people with disabilities and help to foster and facilitate their sport participation. To date, research on social participation of people with disabilities in organized sport mainly concentrated on school-based physical education (Reuker et al., 2016; Qi & Ha, 2012). In contrast, this issue was hardly a subject of research in the context of voluntary community sport organizations (Cunningham, 2011; Shapiro & Pitts, 2014). Organized community sport provides a range of activities for people with disabilities. In this regard, Misener, and Darcy (2014) proposed that participation in organized disability sport “is about choice across a continuum” (p. 3) that includes different

settings of participation (see basically Black & Williamson, 2011; Black & Stevenson, 2011; see also Barrett, 2014; Elling et al., 2001):

- *Separation (separate, alternate or discrete activities)*. People with disabilities participate in sport activities with their disabled peers, thus, remain among each other (disability sport groups).
- *Integration*. People with disabilities participate in the same activity in a mixed context of ability, however, with specific rules and modifications (*modified activities*), in groups of people with similar abilities (*parallel activities*) or where non-disabled participate in activities designed specifically for the disabled with common adaptations (*adapted activities; reverse integration*).
- *Inclusion (open or fully integrated activities)*. People with and without disabilities practice sport together where everyone does the same activity with minimal or no adaptations to the environment or equipment.

Traditionally, the delivery and organization of community sport activities for people with disabilities was part of separated disability sport clubs and training groups (Fay & Wolff, 2009), and separated settings were most common (Goodwin & Peers, 2012). With the UN CRPD there is a great promotion of developing integration and inclusion of people with disabilities in mainstream sport (Kitchin & Howe, 2014). However, it appears that each setting seems to contribute in a different way to social participation. Separated settings help to foster social participation within the disability community (Atherton, 2007) and support to develop a sense of belonging and relationships with other disabled peers (Shapiro & Martin, 2010; Wynnyk & Spencer-Cavaliere, 2013). In contrast, integrative and inclusive settings can support the participation of people with disabilities in mainstream sport and community (Di Palma et al., 2016; Kissow, 2015).

Theoretical framing of social participation of people with disabilities in organized sport

When it comes to social aspects of people with disabilities' engagement in sport, different theoretical approaches are taken into account such as social participation and related concepts of social integration, social inclusion and social exclusion. All concepts contribute to explain the engagement of people with disabilities in sport, but each from a distinctive perspective. Although there are attempts to demarcating these concepts from each other (e.g., Booth, 2004), in previous research these concepts are not sufficiently defined and delineated or even used synonymously (Haudenhuyse, 2017; Reuker et al., 2016; Simplican, Leader, Kosciulek, & Leahy, 2015) resulting in confusion and conflicts about the terminology. In this regard, Koster et al. (2009) point out that "the concept of social integration and its related concepts, social inclusion and social participation, hardly seem to differ in practice with respect to content, if at all" (p. 131). Therefore, this review follows the approach of Koster et al. (2009), who propose a synthesis of these concepts by using the term "social participation" (see also Bossaert, Colpin, Pijl & Petry, 2013). According to Koster et al. the framework consists of four key aspects, including both positive and negative attributes that are critical to social participation:

- *social relationships and friendships* (e.g., friendship network, mutual friendship),
- *social contacts and interactions* (e.g., playing and working together; social isolation),
- *social self-perception* (e.g., physical and social self-concept, loneliness),

- *social acceptance* by significant others (e.g., social preference, support, rejection).

Based on this, Koster et al. derive the following definition of social participation:

Social participation [...] is the presence of positive social contact/interaction between these children [with disabilities] and their classmates; acceptance of them by their classmates; social relationships/ friendships between them and their classmates and the pupils' perception they are accepted by their classmates. (2009, p. 135)

Koster et al. developed this framework for a physical education context; however, it is also applicable to sport in general, including organized community sport, as respective reviews identified similar aspects of social participation (e.g., Di Palma et al., 2016; Kissow, 2015; Willis et al., 2017). With this framework a comprehensive understanding of social participation is given, in contrast to other concepts that are limited to vague definitions and barely offer a differentiation of relevant dimensions. Thus, with this framework systematic empirical studies can be carried out and the respective findings can then be classified, and finally a comparison to social participation in school-based physical education is possible.

Existing studies on these four aspects confirm the ambivalent nature of sport contributing to social participation of people with disabilities. Regarding the positive side, Tasiemski and Brewer (2011) showed that regular sport participation of people with spinal cord injury was positively related to athletic identity, the sport-specific part of their self-concept, which means that these people define themselves through sport participation and their self-image is related to an athlete role. The level of athletic identity is even higher for team than for individual sport. In accordance, Taub and Greer (2000) showed that physical activity improves the social identity and perception of children with disabilities (e.g., competence, self-enhancement), strengthens their social ties (e.g., opportunity for social interaction and bonding), and is perceived as a normalizing experience (e.g., increases quality of life). Also, Fenton et al. (2017) reported in their review that community based recreation activity has a positive social impact on people with mental disabilities with expanded social networks, a higher sense of belonging and improved social skills. Similarly, Kissow (2015) concluded in her review that physical activity of people with physical disabilities seems to have a positive impact on learning social rules, social identity as being part of a community as well as empowerment and independence. However, this might not automatically lead to extended participation in other non-sportive contexts of everyday social life (e.g., family, education, public space, non-sport leisure activities). Thus, the positive social participation's outcome for people with disabilities appears to be relative compared to the non-disabled, i.e., people with disabilities do not experience social participation to the same extent as non-disabled do and then the negative side of participation comes to the fore. Koster and colleagues showed that children with disabilities have fewer friendships and contacts, a lower self-conception and are less accepted than non-disabled children (Koster et al., 2009, 2010). Moreover, there are further differences regarding the form of disability. Lippold and Burns (2009) showed that adolescents with intellectual disabilities have weaker social networks, less social support, and experience greater social isolation than adolescents with physical disabilities. Schwab, Huber, and Gebhardt (2016) demonstrated that the social acceptance and attitudes of non-disabled children to children with intellectual disabilities are more negative than to children with physical disabilities.

Consequently, only in comparison with significant others (i.e., disabled or non-disabled peers) can it be assessed whether the social participation can be considered positive or negative.

Although current research addressed social participation and related concepts, there still remain some considerable research deficits. To date, research on social participation in organized community sport is limited. Moreover, only single aspects were analyzed, i.e., studies focused on aspects as social contacts or social identity. However, studies analyzing social participation in the greater context, i.e., comprising different aspects of social participation and their interaction as Koster et al. (2009) proposed, are missing. Therefore, a systematic review that aims to provide a synopsis of existing studies on the dimensions or partial aspects of social participation is indicated. For this review, the approach of Koster et al. (2009) is considered as a fruitful analytical framework for selecting and structuring the literature with a focus on four subtopics of social participation: social relationships, interactions, perception, and acceptance. The reviews objective is to show in more detail in which settings (separate, integrative or inclusive) sport of people with disabilities was analyzed, what form of disability (e.g., physical or intellectual) study participants had and whether the positive or negative aspects of social participation in organized community sport were predominant. This knowledge is important to identify the chances, challenges and limitations of organized community sport for people with disabilities.

Method

Search strategy

To identify studies addressing the topic of social participation of people with disabilities in organized sport, an electronic literature search was conducted in relevant databases. For the characteristics of the search strategy, the keywords of the categories included similar or related terms that previous research applied, to enable a broad search (Table 1).

Table 1
Characteristics of the search strategy

Category	Keywords
Population	disab*(led/ility); handicap*(s/ed); impair*(ed/ment); challeng*(ed); special
Disability concepts	participat*; integrat*(ed/ion); inclus*(ed/ion); exclus*(ed/ion); challeng*(e/ing), barrier*(s), fail*(s/ure)
Concept of social participation	(social) contact*; interact*(ed/ion), isolat*(ed/ion), relation*(ship); friend*(ship); network*(s); percept*ion; identity; lonel*(y/iness); acceptance; support; reject*(ed/ion)
Sport context	sport(s); physical activity; para(sport); special
Organizational context	club; organiz(s)*ed; team; group; camp
Database	BISpSurf; EBSCO (SocINDEX, SportDiscus, CINAHL, ERIC); PubMed (MEDLINE); Embase; Web of Science; IBSS

Because the terminology of “disability” is very inconsistent and widely differs in terms used in disability research (Kiuppis, 2018), the most common terms have been taken into account (e.g., handicapped, challenged, impaired). The same applies to the concept of disability; here, too, various terms appear in research (Reuker et al., 2016) of which the most relevant have been considered (e.g., participation, integration, inclusion and associated barriers and

challenges). Specific attention was paid to the four aspects of social participation according to the outlined framework to which various terms Koster et al. (2009) refer to (e.g., social contact, friendship, isolation, acceptance, rejection).

Inclusion and exclusion criteria

Searches were limited to scientific peer-reviewed journal articles in English language or for which an English abstract was available, published in the last two decades, dating from January 1997 to December 2017. Then, the titles, abstracts and full texts were screened with the same catalogue of criteria. The inclusion criteria were that the articles had to focus on at least one of the four aspects of social participation (e.g., relation-/friendship, contact/interaction, self-perception, acceptance) of people with any kind of disability (e.g., physical, intellectual, multiple or sensory disabilities) in voluntary organized sport at local level (e.g., sport clubs, community sport activity or sport camp). That comprises rehabilitative, recreational sport and even competitive sport (e.g., local or regional baseball league) in any kind of setting (separated, integrative or inclusive). School-based physical education as well as (Paralympic) elite sport at (inter)national level was excluded due to their different objectives and structures compared to voluntary organized community sport. Moreover, only studies providing empirical evidence of social participation were included with both quantitative and qualitative designs, which also includes literature reviews analyzing empirical studies. In contrast, all other contributions (e.g., book chapters and handbooks, and congress abstracts) were excluded.

Data extraction and analysis

From the 852 records initially identified, 25 articles were finally selected and included in the review, after excluding duplicates, screening titles and abstracts, and reviewing the full texts for eligibility (Figure 1). A thematical analysis was conducted to identify and analyze respective patterns with respect to social participation in the selected articles (Braun, Clarke, & Weate, 2015). The thematical analysis was mainly a deductive approach by two of the authors working independently using a catalogue of criteria according to the above-mentioned criteria paying specific attention to the four aspects of social participation. However, room was left for inductive analysis by including further topics related to social participation emerging from the selected articles.

The interrater reliability according to Holsti (1969) was 92.8 % for the title screening, 72.5 % for the abstract screening and 96.7 % for the full text review, which all can be classified as very good. Differences concerning the decisions of selection were discussed between both reviewers at all steps to achieve congruency. From the included articles, the names of the authors, the publication year, a brief description of the article, including the methods and the sample characteristics, the basic theoretical framework used in the study (if applicable), and the main findings were then extracted.

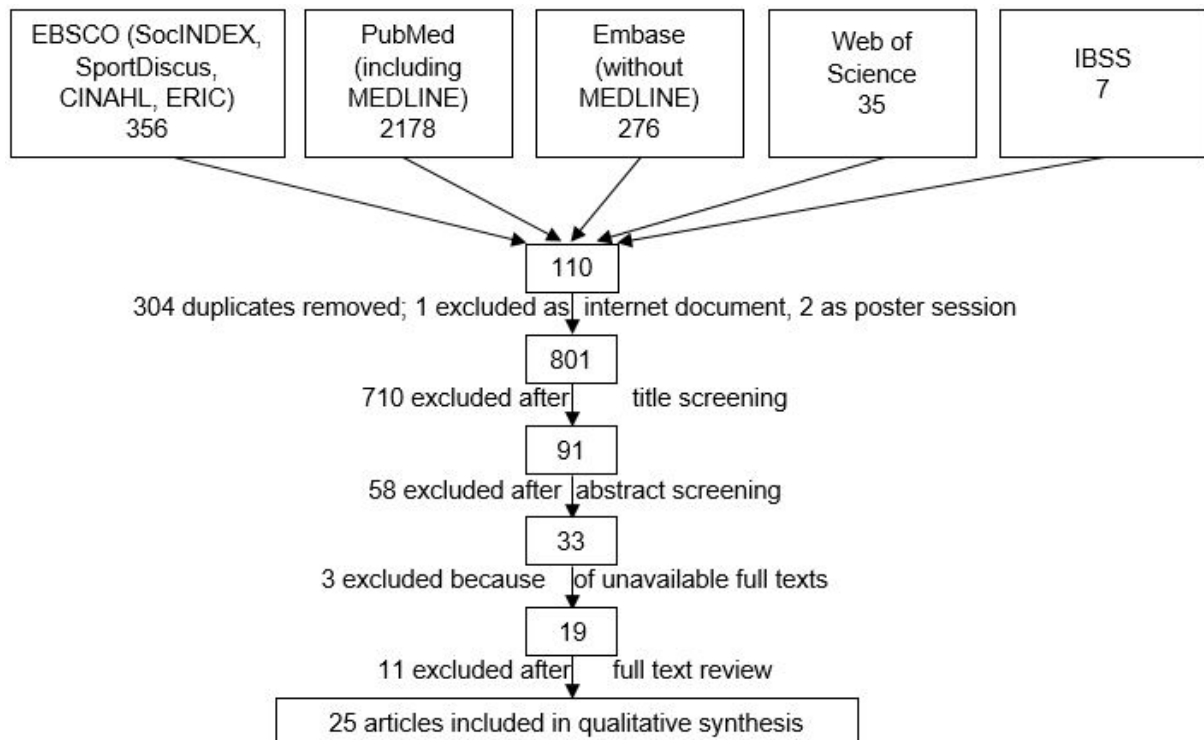


Figure 1. Flowchart of the different phases of the article selection for the systematic review.

BISp SURF: the database of the German Federal Institute for Sports Science (“Bundesinstitut für Sportwissenschaft”) with literature (SPOLIT), projects (SPOFOR), audiovisual media (SPOMEDIA) and internet sources; EBSCO: a platform that hosts various research databases; SocINDEX: database for sociology research; SportDiscus: database for sports (medicine) research; CINAHL: database for nursing and related health sciences; ERIC: Education Resources Information Center; PubMed: a reference database for (bio)medical literature; MEDLINE the database of the US National Library of Medicine; Embase: biomedical research database; Web of Science: access to bibliographic information from ca. 12.000 scientific journals and (conference) books; IBSS: International Bibliography of the Social Sciences.

Characteristics of included studies

The 25 articles included in the review were published between 2001 and 2017 (Table 2), with $n=4$ studies from 2001–2006, $n=12$ from 2007–2012, and $n=9$ since 2013. The increasing numbers implicates that the issue gained importance over the past 20 years. All articles refer to empirical studies that were mainly conducted in Anglo-American countries (including the UK; $n=17$) and to a lesser extent in European countries (excluding the UK; $n=7$); just one study is from Asia ($n=1$). This suggests that the topic appears to be more relevant in the Anglo-American research area than in the European or Asian context. Interestingly, there was no German(-language) study, even though there are plenty of German articles encompassing the topic of participation and inclusion of people with disabilities, also for organized sport (e.g., Baumann, 2004; Becker & Anneken, 2013; Heubach, 2013; Seitz, Meier, & Adolph-Börs, 2016; Wicker & Breuer, 2014); however, they do not focus on social participation and its associated aspects as this review intends. The included studies examine participants with different forms of disabilities: $n=10$ of the studies focused on people with physical disabilities (including visual and hearing impairments), $n=12$ on people with intellectual disabilities (including mental, behavioral, developmental disabilities) and $n=3$ included both. Regarding the sport context, the studies deal with different organizational settings with $n=11$ of the studies analyzing

separated settings, $n=9$ inclusive or integrative settings², and $n=2$ both settings; in $n=3$ of the studies the setting was not specified. Consequently, the studies provide broader information about social participation of people with different forms of disabilities engaged in different sport settings.

Two third of the studies ($n=16$) followed a qualitative approach mainly applying semistructured interviews as instruments with structured or open coding as content analysis strategy. The smaller part includes quantitative studies ($n=9$), based on standardized questionnaires and mainly a cross-sectional design. Here, out of the nine quantitative studies seven applied established questionnaires (e.g., social support, self-concept, community integration, and social support questionnaires) using analysis of variance (ANOVAs) or regression models as the analysis strategy. In both the quantitative and qualitative studies, aspects of social participation were measured by self-assessment of the involved participants with disabilities and/or assessment by others. However, the significance and generalization of the results differ. As the qualitative studies either deal with specific cases or the sample sizes are relatively small, ranging from 8 to 49 participants, generalization is admittedly limited; even more critical, generalization and validity was not discussed in the qualitative studies. In contrast, the quantitative studies involved greater samples, but were, however, still not large with four studies observing 20 to 49 participants, five studies 90 to 149 participants and just one of them being a large-scale study with 1,833 participants. All quantitative studies reveal significant results. In Table 2 the respective significance levels are displayed in detail as reported in the studies, whereas in the following result chapter it is just indicated whether the results are significant ($p<0.5$) or not ($p>0.05$). In $n=4$ studies the effect sizes were also reported. For those studies giving no information, the authors executed a post-calculation of the respective effect sizes according to the applied analysis (for $n=3$ studies); however, that failed for $n=2$ studies due to missing data.

² A specific assignment to the integrative and inclusive setting as outlined in Sect. “*Opportunities of participation for people with disabilities in organized community sport*” is not possible due to a lack of information given in the studies.

Table 2
Characteristics of included articles

Author(s)	Country	Participants	Disability ^a	Setting ^b	Organization	Sport activity	Theoretical-methodological approach	Results on social participation	Topic ^c
Anderson, Wozencraft, and Bedini (2008)	USA	22 girls (10–18 years)	PD	SEP	Local wheelchair sports	basketball, track & field, swimming	Qualitative study applying model of social support (Pines & Aronson, 1988); Interviews (with participants)	Organized sport participants experienced higher and more varied levels of social support (role models, similarity to others) than informal groups	2,3
Anderson (2009)	USA	13 girls (10–18 years)	PD	SEP	Local wheelchair sports	basketball, track & field, swimming	Qualitative study applying model of identity development (Kleiber, 1999); semi-structured interviews (with participants)	Organized wheelchair sport contributes to children's' identity formation through social interaction	2,3
Atherton (2007)	UK	27 deaf clubs	HI	SEP	Local deaf sport clubs	multiple sports	Qualitative study using document analysis of disability magazines	Disability club activity provides social contact and cohesion of the deaf community, with older club members serving as role models	1
Blauwet et al. (2013)	USA	149 adults (24–65 years)	SCI	n.s. (survey)	22% participate in organized sport	multiple sports	Quantitative cross-sectional study using (not specified) questionnaire (for participants)	Chances of being employed for people with a spinal cord injury participating in organized sport were two times higher ($p<.01$; OR=2.40)	4
Carter et al. (2014)	UK	29 non-/disabled children (21 girls, 8 boys); 10 parents	PD	INC	Local wheelchair club	not specified	Qualitative study using participant observation, focus groups and interviews (of children and parents)	Children with disabilities gained confidence to be part of a group and making new friendships through inclusive wheelchair sport	1
Corraza and Dyer (2017)	Italy, UK	38 adults (15	n.s.	INC	Local rugby club	rugby	Qualitative case study applying model of social	A mainstream rugby club has positive social impact	1

		disabled, 23 abled) (17–65 years)					inclusion (Simplican et al., 2015); semi-structured questionnaire (for participants)	with enhanced social networks, an increase in social capital and personal development	
Crawford et al. (2015)	UK	101 adults (>18 years)	ID	INC	Special Olympics, Mencap sport	multiple sports	Quantitative cross-sectional study, using social support questionnaire self report (SSSR) (for participants)	Participants of Special Olympics and Mencap sport programs show higher levels of self-esteem ($p<.05$; $OR=0.77$) and lower stress levels ($p<.05$; $OR=1.01$) than non-athletes; however, there is no relationship with quality of life ($p>.05$; $OR=0.769$) and an engagement in social networks ($p>.05$; $OR=0.95$)	1
Darcy and Dowse (2013)	Australia	556 people (age: n.s.)	ID	SEP	Members of various disability organizations	not specified	Qualitative study using online, interviewer-completed questionnaire (for participants)	Independent people with disabilities (requiring low to moderate support) show higher levels of participation and receive stronger social benefits (e.g., belonging, companionship and achievement) than those with strong support needs	2, 3
Devine and O'Brien (2007)	USA	8 children (12–16 years), each 4 dis/-abled	ID	INC	Local inclusive summer camp	swimming, canoe, rope course	Qualitative study applying contact theory (Allport, 1954); interviews (with participants)	Sport camp participants experienced both positive and negative aspects of social contact (e.g., nature, quality, conditions of contact)	1
Goodwin and Staples (2008)	Canada	9 youths (14–18 years)	SBD	SEP	Local summer sport camp	multiple sports	Qualitative study using interviews (with participants)	Youths with disabilities participating in a separated sport summer camp developed a strong sense of community and social belonging	2
Goodwin, Liebermann,	USA	13 youths	VI	SEP	Local summer	multiple sports	Qualitative study using focus groups and	Camp participants gained feelings of belonging to a	1, 3

Johnston, and Leo (2011)		(9–15 years)			sport camp		interviews (with participants), and field notes	community through positive interactions and reciprocal relationships with their disabled peers	
Hanson, Nabavi, and Yuen (2001)	USA	48 adults (18–53 years)	SCI	SEP	University sport camp	multiple wheelchair sports	Quantitative cross-sectional study using (not specified) questionnaire (for participants)	Sport camp participants showed higher levels of mobility ($p<.001$, $d=0.28$) occupation ($p<.001$; $d=1.47$) and social integration ($p<.001$; $d=0.89$) than non-athletes ^d	4
Hassan, Dowling, McConkey, and Menke (2012)	Serbia, Poland, Ukraine, Germany	25 youths (12–25 years)	ID	INC	Special Olympics sport program	football, basketball	Qualitative study using interviews (with participants, coaches, parents, community representatives)	The Special Olympics program had a positive impact for disabled athletes on their social relationships and received social support	1, 3
Kristen, Patriksson, and Fridlund (2002) Kristen Patriksson, and Fridlund (2003)	Sweden	20 children (9–15 years)	PD	INC, SEP	Disability and regular community sport clubs	orienteering, golf, archery	Qualitative study applying holistic taxonomy (Sherrill, 1998); interviews (with participants' parents)	Sport club participation provides social relationships (e.g., new friends) and being part of a social group (e.g., making new friends, feeling of togetherness and acceptance)	1,3
Lyons, Corneille, Coker, and Ellis (2009)	USA	120 children (4–17 years)	MD	SEP	Community baseball league	baseball	Qualitative study using (own designed) questionnaire (e.g., perceived participation benefits) (for the parents)	Parents report that their children's participation in a communal baseball league increases the children's social skills (93 %) and their friendship-making (93 %)	1
McConkey, Dowling, Hassan, and Menke (2013)	Germany, Hungary, Poland, Serbia, Ukraine	40 youths (per country) (12–15 years)	ID	INC	Special Olympics sport program	football, basketball	Qualitative study using interviews (with participants, coaches, parents, community leaders)	Participation in a Special Olympics program promotes creating inclusive relationships, building community alliances and a positive perception of athletes with disabilities	1, 3
McVeigh, Hitzig, and	Canada	90 people	SCI	n.s. (survey)	33% engaged	multiple sports	Quantitative cross-sectional study applying	Participants in organized sport showed higher levels	4

Craven (2009)		(>15 years)			in organized competitions		community integration questionnaire (CIQ) (for participants)	of community home integration (e.g., leisure activities, work and home situation) than non-sport participants ($p<.01$; OR=4.75)	
Medland and Ellis-Hill (2008)	UK, USA, Canada, the Netherlands	20 people (21–55 years), 11 disabled, 9 abled-bodied	DIFF	R-INT	Wheelchair sport league	basketball, cycling, tennis, racing	Qualitative study using questionnaire (e.g., experienced discrimination) (for participants)	Participation of non-disabled athletes in wheelchair sport promotes building inclusive friendships and changing society's perceptions of disabled people	1,3
Nicholson, Brown, and Hoyer (2014)	Australia	1,833 adults (Ø 55 years)	DIFF	n.s. (survey)	67% involved in sport organizations	multiple sports	Quantitative cross-sectional study using multidimensional scale for social support (MSPSS) (for participants)	Community-based sport activities have a positive effect on social support (i.e., perceived support from family, friends and significant others) ($p<.01$; $R^2=.05$) ^d	3
Ninot, Bilard, Delignières, and Sokolowski (2000)	France	49 female youths (13–17 years)	MD	INT, SEP	Local sport competitions	basketball, swimming	Quantitative longitudinal study using self-perception questionnaire (Harter, 1985) (for participants)	Participants in separated and integrated training groups perceived similar general self-worth ($p<.001$) and social acceptance ($p<.05$)	2
Piatt et al. (2017)	USA	47 adolescents (13–18 years)	PD	SEP	Community Paralympic sport clubs	multiple sport	Quantitative cross-sectional study applying athletic identity measurement scale (AIMS) (for participants)	The amount of time in sports participation contributes to athletic identity ($p<.05$)	2
Spencer-Cavaliere and Peers (2011)	Canada	9 female athletes (22–55 years)	PD	R-INT	Local basketball league	wheelchair basketball	Qualitative study using semi-structured interviews applying athletic identity measurement scale (AIMS) (for participants)	Sport participation with non-disabled players contributed to a positive self-perception with enhanced athletic identities	2

Tsai and Fung (2009)	Hong Kong	49 parents of children with intellectual disabilities	ID	INC	Local organizations providing sport programs	multiple sports	Qualitative study using interviews (with parents)	Most parents experienced rejection by staff and other participants when searching inclusive sport programs for their children. A lack of quality contact and understanding between people with and without disabilities is reported	1
Urbanski, Bauerfeind, and Pokaczajlo (2013)	Poland	30 adults (24–44 years)	SCI	SEP	Local organized team and individual sport	multiple sports	Quantitative cross-sectional study applying community integration questionnaire (CIQ) (for participants)	Organized sport positively affects the level of community integration (home, social, productive scales) ($p<.05$; $d=0.12$) ^d	4
Weiss, Diamond, Demark, and Lovald (2003)	Canada	97 people (9–43 years)	DD	SEP	Local organized team and individual sport	multiple sports	Quantitative cross-sectional study using perceived competence scales (Harter, 1992; Rigger, 1992) (for participants and parents)	Involvement in Special Olympics sport programs is positively related to the participants' self-concept, i.e., perceived physical competence ($p<.05$; $R^2=0.14$), general self-worth ($p<.05$; $R^2=0.11$), and social acceptance ($p<.01$; $R^2=0.14$)	2

OR: odds ratio

^a PD: physical disabilities, ID: intellectual disabilities, MD: mental disabilities/retardation, HI: hearing impairments, SCI: spinal cord injury, VI: visual impairments, SBD: sensory and behavioral disabilities, DIFF: different disabilities, DD: developmental disabilities, n.s.: not specified

^b *SEP* separated, *INC* inclusive, *R-INT* reverse integration, n.s.: not specified

^c 1: social contacts, interactions and relationships; 2: self-perception and identity formation; 3: social acceptance and support; 4: community integration

^d Post calculation of the effect size

Results

Koster et al. (2009) provided a valuable framework that lays out a systematic strategy for searching literature and for structuring the results. The identified topics refer either to one specific dimension or the respective subitems of this framework ($n=17$ of the included studies) or to crossover topics ($n=8$ of the studies). Therefore, original dimensions reported by Koster et al. were slightly modified. In the included studies the dimensions “contacts/interactions” and “relationships/friendships” were not demarcated from one another, but mostly treated as one topic and therefore merged. With regard to the dimension “self-perception”, the respective studies mainly dealt with issues of identity formation; therefore this topic was added to the dimension. As “social acceptance” was mainly analyzed in association with self-perception, this topic was assigned there. A further part of the studies focused on the subitem social support; thus, the dimension was labeled accordingly. Moreover, the analyzed studies covered community integration (i.e., home, work and social integration) as a further topic that was labeled as a separate dimension. Consequently, the analysis of the included articles (crossover topics included, so that the total here is $n=33$) reveals four subtopics with respect to social participation of people with disabilities in organized sport on which previous research focused on: (1) contacts, interactions and friendships ($n=12$ of the studies dealt with this topic), (2) identity, self-perception and acceptance ($n=8$), (3) social support ($n=9$) and (4) community integration ($n=4$).

Contacts, interactions and friendships

Twelve of the selected studies encompassed this subtopic of which eleven are qualitative studies and one is of quantitative nature (Crawford et al. (2015)). While four of these studies analyzed the separated setting, the remaining greater part focused on the inclusive setting.

With regard to the separated setting, the studies examined children and youths (4 to 18 years) with different forms of disabilities, engaged in different sports. Lyons et al. (2009) observed that participation of children with mental disabilities (4 to 17 years) in separated communal baseball leagues (USA) enhances their social interactions as participation increases their social skills and their friendship-making. That also applies for physical disabilities; as Kristen et al. (2002) pointed out that participating in a separated disability sport club promotes the gaining of new friends.

Besides these positive results, other studies also revealed some critical aspects. In this respect, Goodwin et al. (2011) reported in their qualitative study that youth (9 to 15 years) with visual impairments, participating in a separated sport camp, experienced positive interactions and reciprocal relationships with their disabled peers. However, the youths contrasted that to the social isolation and physical activity void they experienced at home. Similarly, Atherton (2007) argued that joining separated deaf sports clubs provides social contact with other deaf people and promotes the social cohesion of the deaf community. However, greater social benefits were gained from playing in the company of their non-disabled peers than with other deaf people.

Regarding the inclusive setting, the studies mainly focused on people with intellectual disabilities in younger ages (12 to 25 years). In these studies, the positive contribution was observed, too; however, here the more negative aspects were reported. Carter et al. (2014)

found that children, engaged in inclusive wheelchair clubs, gained confidence to be part of a group and making new friendships. Moreover, the benefits seem mutual, as “the children enjoyed playing together in wheelchairs and both children with and without disabilities gained insights into each other’s world” (p. 938). In accordance with that, Corraza and Dyer (2017) analyzed local inclusive rugby clubs and demonstrated a positive impact on social networks as both disabled and nondisabled participants (17 to 65 years) reported to develop new relationships and friendships within and outside the club activity. In the same direction, but focusing on younger people, Hassan et al. (2012) concluded that inclusive Special Olympics Unified Sport Programs for people with intellectual disabilities (12 to 25 years) promote the building of social relationships between the disabled and non-disabled athletes based on mutual trust and shared values, which leads to the development of strong social ties between the team members. Moreover, participants also reported a greater degree of interaction between athletes outside the playing field through non-sport activities, i.e., fostering networks within the disability community. The positive impact, such participation has on the creation of inclusive and equal bonds, was also confirmed in the follow-up study by Mc Conkey et al. (2013). However, this study revealed in more detail that “when these bonds were absent, there was less evidence of mutual participation in community settings” (p. 8). More specifically, Devine and O’Brien (2007) showed that adolescent participants with intellectual disabilities (12 to 16 years) of an inclusive sport camp experienced both positive and negative aspects of social contact with respect to its nature, quality, and conditions. Making new friends was perceived as positive because the contact was experienced as personal and mutually rewarding if the contact was based on equal status and common interests. In contrast, the social contacts were regarded as weird and frustrating when they were superficial, lacking reciprocity or based on unequal status or contrived friendships. For older ages (12 to 55 years) and the reverse integrative setting, Medland and Ellis-Hill (2008) highlighted that reverse integration was completely favored by the abled-bodied. In contrast, some of the disabled participants expressed their disapproval and concern that they would no longer be considered as athlete but as disabled, when “someone who is an intruder or faking it” (i.e., able-bodied) participate (p. 113).

Tsai and Fung (2009) even reported consistent negative aspects as they revealed that children with intellectual disabilities experienced a lack of quality contact and understanding between them and their abled-bodied peers. Similarly, Crawford et al. (2015) observed in their quantitative study no significant relationship as an involvement of people with intellectual disabilities (over the age of 18) in an inclusive Unified Sport Program did not contribute to their engagement in social networks.

To summarize, the reviewed studies show that participation in organized community sport can contribute to enhance the social contacts, interactions and friendships of people with different forms of disabilities (e.g., physical, visual, and intellectual) and different ages. On the other hand, however, the results also indicate that the contacts, interactions and friendships are received more frequently and deeper with disabled peers in the separated setting than with non-disabled peers in the inclusive setting; thus, there is evidence that the setting seems to play a decisive role.

Identity, self-perception and acceptance

Twelve of the selected studies focused on this subtopic. Three of them are quantitative studies that coincide in their results of a positive contribution.

Crawford et al. (2015) revealed in their quantitative study of people with intellectual disabilities significant but small effects as participants of Special Olympics sport programs showed higher levels of self-esteem and lower stress levels. Additionally, Weiss et al. (2003) reported in their quantitative study that involvement of people (9 to 43 years) with developmental disabilities in separated Special Olympic sport programs in Canada has a significant but small effect on self-concept with respect to their perceived general self-worth, physical competence, and social acceptance. Moreover, this study reveals that, not age and gender, but the number of sports and years spent on sport participation emerged as significant predictors. Similarly, but for different age and settings, Ninot et al. (2000) observed in their quantitative study in France that female adolescents (13 to 17 years) with mental retardation participating in separated training groups of Special Olympics, integrated scholastic teams and adapted physical activity groups (all basketball and swimming) significantly perceived similar social acceptance and general self-worth in all groups.

In all the qualitative studies, a positive contribution was consistently observed, too. Here, the context differs more with both physical and different forms of intellectual disabilities, separated and inclusive settings, and different ages and kinds of sport. In detail, Goodwin and Staples (2005) reported that youths (14 to 18 years) with behavioral disabilities participating in a separated sport summer camp in Canada positively influenced their identity developments (e.g., expressed their independence, learned to be self-reliant). The positive contribution to identity and acceptance was also reported by Darcy and Dowse (2013); people with intellectual disabilities, engaged in separated disability sport, experienced a “sense of belonging associated with building confidence with others, enjoyment with friends and being part of the community like everyone else” and moreover reported “increasing levels of independence and building and enhancing family relationships” (p. 403).

The same applies for physical disabilities. According to Anderson et al. (2008) and Anderson (2009) an engagement in separated wheelchair sport of girls (10 to 18 years), contributes to their identity formation with respect to their feeling of being similar to others. For similar age, Kristen et al. (2002, 2003) revealed in their qualitative study in Sweden that the setting did not matter, as the participation of children (9 to 15 years) with physical disabilities in both disability clubs (separated) and regular clubs (inclusive) was regarded by the children’s parents as important to being part of a social group (i.e., experiencing a feeling of togetherness, having a good time, making new friends) and contributes to becoming someone (i.e., increased self-confidence; acceptance in group). The results remain similar, also for older ages and in an inclusive setting. Spencer-Cavaliere and Peers (2011) reported in their qualitative study in Canada that engagement of female adults (22 to 55 years) with physical disabilities in an inclusive setting (more precisely in a reverse integrative setting with non-disabled joining a disability group) contributes to their self-perception with an enhancement of their athletic identities and abilities. Accordingly, Medland and Ellis-Hill (2008) reported in their qualitative cross-national Anglo-American study that the participation of non-disabled athletes (21 to 55 years) in reverse integrative wheelchair sports contributes to the acceptance of the disabled participants and supports to change society’s perception of them.

On the other hand, and in contrast to the quantitative studies, two of the qualitative studies also revealed some critical aspects that diminish the positive picture. Anderson et al. (2008) discovered “that participants did not think of themselves as necessarily like other girls without disabilities, but defined themselves more by their disabilities” resulting in that “their interactions reflected camaraderie amongst those who have a disability rather than with able-bodied girls” (p. 196). Also, Spencer-Cavaliere and Peers (2011) stated “although [disabled] participants identified with the role of athlete, they felt that others, outside the wheelchair basketball community, viewed them as disabled” resulting in that there are “apparent differences between perceived self-identity and social identity outside of the sporting community” (p. 304).

In summary, both the quantitative and the qualitative studies show uniformly that organized community sport contributes to social acceptance and promotes the development of a positive self-concept and (athletic) identity of people with disabilities; regardless the age, form of disability and whether the setting is separated or inclusive. However, it lacks on comparative findings whether the levels of acceptance, self-concept, and identity differ between disabled and non-disabled people. The two qualitative studies mentioned indicate that the perceived levels are lower for the disabled people, in particular when participating in an inclusive setting where a disability becomes more obvious. As it was stated before with respect to contacts, interactions and friendships, the setting also appears to be decisive for identity and acceptance; even though the evidence is not that strong.

Social support

Six of the selected studies provide information about social support; two of them are quantitative. The certainly most relevant is the quantitative study of Nicholson et al. (2014) based on a large population sample in Australia with 1,833 adults (mean age 55 years) comprising different forms of disabilities. This study revealed that community sport activities have a significant but small effect on social support (i.e., perceived support from family, friends and significant others). Effects of perceived support are even significantly higher when having a partner, being born in Australia and being female. However, the involvement in organized sport produces significantly lower levels of social support compared to other types of voluntary associations. In contrast, the effect of organized sport is significantly higher than being employed full time, being highly educated or attending religious services.

Organized sport's contribution to social support was also observed by Hassan et al. (2012) in their qualitative cross-national European study. Interviews showed that coaches engaged in inclusive Special Olympic sport programs (football, basketball) provide strong social support in and beyond sport for participants with intellectual disabilities (12 to 25 years) and serve as role models for them. Moreover, the coaches contribute to establishing networks of social support by selecting partners (e.g., schools or local community organizations); therefore McConkey et al. (2013) concluded in their follow-up qualitative study that Special Olympics sports promote the building of alliances within local communities.

Anderson et al. (2008) showed in her qualitative study in more detail that female youths (10 to 28 years) with physical disabilities engaged in a separated wheelchair sport group (basketball, track and field, swimming; USA) experienced higher and more varied levels of social support compared to an informal activity group. The participants of the organized group could

specifically name people serving as role models for them and those people's reactions were more related to sport and goal achievement than to their disability. In a follow-up qualitative study, Anderson (2009) concluded that with respect to social support socializing agents are mainly family members, peers, and significant adults, such as caregivers and coaches who serve as role models for the participants with disabilities. However, Goodwin et al. (2011) reported in their qualitative study that youth with visual impairments (9 to 15 years) participating in a separated camp with multiple sports (USA) received strong support under safe environment conditions by their coaches that, on the other hand, limited the youths' opportunities to be independent.

More negative, Darcy and Dowse (2013) identified in their qualitative study in Australia a wide range of constraints for people with intellectual disabilities to participate in a separated disability sport setting, which includes the "lack of paid carers or volunteers to assist in accessing and participating in activities; once at the sport, respondents reported a lack of assistants/supporters or coaches in chosen activities to provide appropriate support tailored to the needs" (p. 400).

In summary, existing research shows that mostly people with disabilities participating in organized sport also receive the respective social support. In contrast, there are two studies stressing the negative side where participants received poor support or that if the support is strong that may limit the autonomy development at the same time. The mainly positive outcome seems to apply for a broader context as it was observed in different contexts: in separated and inclusive settings, for different forms of disabilities, gender, age and sport. Consequently, there is (still) no evidence that the context matters for social support. On the other hand, the empirical evidence is restricted as the studies were mainly qualitative ones with small samples resulting in a limited generalizability; only the study of Nicholson et al. (2014) provides significant results based on a large sample.

Community integration

For community integration, four selected studies, all of quantitative nature, were taken into account. Hanson et al. (2001) demonstrated with their quantitative study that adult participants with spinal cord injuries (18 to 53 years) participating in a separated university sport camp (USA) showed significantly higher levels of community integration than non-athletes, revealing large effects with respect to occupation (e.g., maintaining a job) and home integration (e.g., supporting a family), and medium effects on mobility and physical independence. Similarly, McVeigh et al. (2009) showed in their quantitative study of people with a spinal cord injury (24 to 64 years) that the overall community integration (comprising subscales of home, social and work integration) is significantly higher for organized sport-participants than for non-sport equals. The effect also remains when taking context variables into account (e.g., sex, age, transportation, region of residence, and employment), but with the effect size decreasing from medium to small. In contrast, the study of Hanson et al. (2001) did not take such context variables into account in their analysis. More in detail, Urbanski et al. (2013) revealed in their quantitative study of adults with spinal cord injuries (24 to 44 years) in Poland no significant relationships as the type of organized club sport in a separate setting (team vs. individual sport) did neither affect the level of community integration (comprising subscales of home, social and work integration), nor did the level or duration of injury or age. Whereas the aforementioned

studies analyzed the three community integration scales, Blauwet et al. (2013) focused in their quantitative study on the productive scale showing that organized sports have a significant but small effect: people with spinal cord injuries (24 to 65 years) participating in organized sport activities in the USA are significantly two times more likely to be employed than participants in informal sport activities. Whereas higher levels of education and younger age are also significant for employment, while sex, duration of injury, wheelchair use, and participation in individually planned sport activities are not.

Summing up, the studies draw a clear and consistent picture that organized sport in a separated setting contributes to community integration of adults with spinal cord injuries. As all of the studies are from quantitative nature providing significant results, strong evidence can be assumed. Furthermore, all of them examined comparable samples, namely adults with spinal cord injuries in a similar age range (18 to 65 years) participating in a separate setting with different sports. Regarding the context, the results indicate that sex, duration and severity of the disability did not affect integration; in contrast, the level of education did and for age the results differ. However, general statements are limited as studies analyzing further context variables, like other forms of disabilities, younger age group, and in particular whether the separated or inclusive setting is more conducive to community integration, are still lacking.

Discussion

The results draw a rather ambivalent picture of social participation of people with disabilities in organized community sport with both positive and negative outcomes. Overall, the positive outcomes predominate with the results illustrating that organized sport contributes to foster social contacts, interactions and friendships of people with disabilities, helps to develop their identity formation and social acceptance, and enhances the social support and their community integration. Therefore, the results undoubtedly underscore the potential of organized sports to contribute to social participation of people with disabilities. However, the reported negative outcomes draw a complex picture of social participation and sometimes appear to be contradictory, which Lee, Causgrove-Dunn, and Holt (2014) also indicated. The negative aspects demonstrate that organized sport not per se exerts a positive influence on social participation, but only under certain conditions; thus, the context affects the participation process. Interestingly, the negative aspects were mostly reported in (reverse) integrative or inclusive settings when the social participation of people with disabilities was compared to non-disabled people. A part of the studies showed that although positive effects were measured for the disabled people in organized sport, these were lower than for the non-disabled participants. Accordingly, people with disabilities often had fewer social contacts, interactions and friendships as well as they perceived lower levels of self-concept-related athletic identity and competence and social acceptance than people without disabilities. Sørensen and Kahrs (2006) gained more detail pointing out that only a few people with disabilities survive in integrative and inclusive mainstream sport, whereas “those with greater needs for support and resources will not be able to adopt the practices and values of able-bodied sport and therefore have fewer opportunities to participate” (p. 199). In this respect, Spencer-Cavaliere, Thai, and Kingsley (2017) showed the benefits of separated settings for people with stronger support needs, emphasizing the importance of that setting.

Consequently, it is questionable if the integrative and inclusive setting, as the UN CRPD and associated approaches propose, is the most beneficial way for effective social participation. It appears that rather a mixed bag of participation settings and levels seems indicated considering peoples' different conditions. Therefore, we advocate that all settings of participation – separated, (reverse) integrative and inclusive – have their justification as they all contribute to social participation, albeit to a different extent; furthermore, it has to be underlined that all of them have their respective advantages and disadvantages. Therefore, as Misener and Darcy (2014) emphasize, “the goal is to provide people with disability choice to participate in sport in the way that they want to, with whom they want to participate, and in the way they wish to participate” (p. 4). Given this, more open-minded research about carving out the respective chances and risks of each participation setting, i.e., the pros and cons of separate, integrative and inclusive organized sport activities, is indicated. Hereby, it is important to analyze in detail for whom and under which conditions which setting is appropriate, aiming to add a scientific point of view to the sociopolitical intentions claiming for an inclusive-only approach in order to produce a more balanced picture of social participation.

Regarding the conditions, there are various factors, besides the depicted context factors as form of disability, age, setting and sport, to consider that influence the process of social participation (Jaarsma et al., 2014; Shields et al., 2012), including individual level (e.g., participants' motivation and motoric skills), social level (e.g., participants' attitudes and social competences), organizational level (e.g., organizations' resources), and environmental level (e.g., communities' policy programs).

Consequently, further research is required considering the context factors. Nevertheless, qualitative studies are valuable for discovering in-detail information; most of all, there is a need for large sample quantitative studies as they ensure strong evidence; this concern German-speaking research in particular. Such studies should apply multi-level analysis for examining the relationship between relevant context factors and social participation according to the Koster et al. (2009) modified and extended framework, either in its entirety or in parts, in order to get a comprehensive understanding of the process of social participation. In doing so, factors on the organizational level should be considered in particular as Jeanes et al. (2018) stated that “at an organizational level, sport is currently not yet achieving this ambition [of effective participation]” (p. 3). Waring and Mason (2010) demonstrated that there is a link between increased organized sport opportunities and greater levels of social participation; however, there is a lack of such opportunities. Thus, Misener and Darcy (2014) blame organizational structures for barriers and failures to social participation stating that “people with disabilities participate less in all forms of social participation and sport is no different. Much of the lower levels of participation are attributed to discriminatory management practices rather than a lack of desire to participate” (p. 3). Tsai and Fung (2009) support this statement, too, concluding that people with disabilities continue to face systematic discrimination within the community and negative social attitudes due to “the ineffectiveness of organizations in providing well-managed social contact opportunities and sport participation information” (p. 165). That suggests that an enhancement of community sport structures and resources is highly indicated to strengthen the positive effects while minimizing and mitigating the negative effects. Against this, Suzuki (2017) argued towards a stronger need for meso-level action that means community sport organizations needs to engage in capacity building at an organizational level. Relying on capacity building makes sense because capacities are much easier to control

compared to other barriers to social participation as, for instance, negative interpersonal and societal attitudes. Organizational capacities that are considered critical include finances, human resources, infrastructure and processes, relationship and network as well as planning and development (Wicker & Breuer, 2014; Misener & Darcy, 2014). Corraza and Dyer (2017) demonstrated that a supportive mainstream club structure was crucial to maximizing positive impacts for participants. Similarly, Lee et al. (2014) reported that high human resource capacity of mainstream clubs (e.g., supportive and educated coaches, understanding teammates) were key factors that people with disabilities realize social benefits and, to some degree, mitigate negative consequences. Importantly, capacity building includes both disability and mainstream community sport organizations. With the UN CRPD social participation is no longer considered as only a process of adoption at the individual level with self-empowerment as a promising strategy for effective participation (Block, Taliaferro, & Moran, 2013). Rather, also processes of change at the systemic level are required, which means that organized community sport has to provide appropriate structures and resources that allow for effective social participation (Gieß-Stüber, Burrmann, Radtke, Rulofs, & Thiemann, 2014). That means that managing and governing organized community sport for people with disabilities is no longer the sole responsibility of disability sports organizations, but there is a shift that also mainstream sports organizations are responsible (Bouttet, 2016). Thus, this implicates that community governing bodies have to provide respective sport policy programs for their resident sport organizations that are supportive to the organizations' capacity building (Jeanes et al., 2018; Spaaj et al., 2014).

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Appendix 1.2 Sports clubs as a medium for integrating people with disabilities

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Abstract

Participation in sports clubs is often ascribed with the ability to promote social integration of people with disabilities, since it can provide a platform for creating social networks and friendships. However, integration is not reached automatically, and it is strongly reliant on specific factors and conditions. Therefore, this study compares the degree of social integration of members with and without disabilities and analyses individual and structural factors relevant for social integration of members with disabilities. Social integration is conceptualised as a multidimensional concept and focuses on socio-cultural and socio-affective (interaction, identification) dimensions. Statistical regression analyses were conducted using data from 13,082 members ($N=1,482$ of that reported at least one disability) in 642 sports clubs in ten European countries. The results show that members with disabilities are integrated to the same extent as members without disabilities, and the degree of social integration seems to be more reliant on individual factors than on structural factors of sports clubs. Affiliation and participation in a club (volunteering, participation in competitive sport, long-term membership, frequency of sports participation, team/group size) are relevant for social integration. Furthermore, the setting matters, as members with disabilities practising in both settings, only with people with disabilities as well as together with members without disabilities, are slightly better integrated regarding the 'interaction'-dimension than those practising in a separate setting only.

Keywords: Disability sports; social integration; sports clubs; sports participation

Introduction

Political initiatives like the United Nations Convention on the Rights of Persons with Disabilities (United Nations, 2006) and the White Paper on Sport by the European Commission (2007) aim to increase social integration of people with disabilities in the context of sport in most European countries (Breuer, Wicker, & Forst, 2011). However, research indicates that people with disabilities are less physically active than the non-disabled population (Finch, Lawton, Williams, & Sloper, 2001; Sotiriadou & Wicker, 2014; Ullenhag et al., 2012) and clearly underrepresented in the organised sport setting (Verdonschot, Witte, Reichrath, Buntinx, & Curfs, 2009). Here, the participation rates are different in various European countries (e.g. Østerlund, Ryding, & Jespersen, 2014; Ullenhag et al., 2012). For example, in Germany only 8% of the population with disabilities are active in a sports club (Wedemeyer-Kolwe, 2011) versus almost 30% of the population without disabilities (Deutscher Olympischer Sportbund e. V., 2018). However, full and equal participation is important as existing research points out that organised sports contribute to strengthening the social ties of people with disabilities by fostering their social contacts, interactions and bonding as well as establishing networks and

friendships (Carter et al., 2014; Corazza & Dyer, 2017; Darcy & Dowse, 2013; Hassan, Dowling, McConkey, & Menke, 2012). Compared to informal sport, organised sport activities are considered to have a higher potential for stimulating social integration in and through sport (Kanamori et al., 2012). Accordingly, among the social roles ascribed to sports clubs are the role as service providers, which includes the participation of people with disabilities, and project implementers through which sports clubs can help in the integration of specific target groups, such as people with disabilities (Waardenburg, 2016). Therefore, sports clubs can be viewed as a tool for building integrative communities and as a contributor to public welfare (Rimmer, 2008; Spaaij, Magee, & Jeanes, 2014). Moreover, research reveals that organised sport enhances people with disabilities' received support from family, friends and significant others and strengthens their social embeddedness (Di Palma, Raiola, & Tafuri, 2016; Kissow, 2015; Nicholson, Brown, & Hoyer, 2013; Urbański, Bauerfeind, & Pokaczajło, 2013). In this way, sport is perceived as a normalising experience that increases their quality of life (Anderson, Wozencroft, & Bedini, 2008; Anderson, 2009; Goodwin & Staples, 2005; Piatt et al., 2018; Spencer-Cavaliere & Peers, 2011).

However, sports clubs' potential for social integration is also doubted, showing social closure practices like discrimination, prejudices and conflicts (Brown & Pappous, 2018; Patel, 2015). Besides the positive outcomes that may predominate, research also reveals negative outcomes that have to be taken into account (Tsai & Fung, 2009; McConkey, Dowling, Hassan, & Menke, 2013) and sports can only be effective in promoting social integration under specific conditions (Verdot & Schut, 2012). People with disabilities often practice sport in separated settings in the form of specific disability sports clubs or training groups and often face discrimination and exclusion from mainstream sport (Collins & Kay, 2014; Patel, 2015). In this respect, Sørensen and Kahrs (2006) emphasise that only few people with disabilities survive in integrative mainstream sport, whereas "those with greater needs for support and resources will not be able to adopt the practices and values of able-bodied sport and therefore have fewer opportunities to participate" (199). The strong underrepresentation as well as the separation imply that people with disabilities face various individual (e.g. disability) and structural (e.g. infrastructure) barriers to social participation in sport (Jaarsma, Dijkstra, Geertzen, & Dekker, 2014). Consequently, social integration of people with disabilities in organised sport is a complex matter dependent on several individual and organisational conditions that appear to be contradictory sometimes (Lee, Causgrove Dunn, & Holt, 2014). In addition, social integration of people with disabilities in sport organisations, especially in mainstream sports clubs, is still an unattended issue in sport science research (Shapiro & Pitts, 2014), since existing studies mainly concentrate on the physical education context (Block & Obrušnikova, 2007; Qi & Ha, 2012; Reuker et al., 2016).

Thus, it seems necessary to gain comprehensive knowledge by analysing a broad range of individual and structural factors that might influence social integration in organised sport activities (Cunningham, 2011; Shapiro & Pitts, 2014). Therefore, this study analyses the following research questions with a multidimensional concept of social integration based on Elling, De Knop and Knoppers (2001) by using comparable data from ten European countries: To what extent are members with disabilities socially integrated in sports clubs compared to members without disabilities? Which individual (e.g. disability form, volunteer engagement, frequency of sport activities, involvement in competitions, membership duration) and structural

factors (e.g. specific goals, targeted initiatives) play a role in social integration of people with disabilities in sports clubs?

Social integration of people with disabilities in organised sport – theoretical framework

Concept of social integration in sports clubs

Our study focuses on the process of integration in the specific setting of sports clubs. Based on the work of Elling et al. (2001) and Esser (2009), Elmoose-Østerlund et al. (accepted) introduced social integration in sports clubs as a multidimensional concept, comprising three dimensions:

1. *Structural integration* focuses on whether the membership in sports clubs is more broadly representative of the society, or if some social groups, e.g. people with disabilities, ethnic minorities or other socially vulnerable groups, are underrepresented compared to the population of the respective society.

2. *Socio-cultural integration* includes two different aspects:

Understanding refers to the ability of individuals to know and master dominant values and norms that can be written or unwritten. In sports clubs, a set of values and norms are often agreed upon by members, and an important part of becoming integrated in the club is learning and mastering these.

The *acceptance* of multiculturalism within clubs and amongst members signifies that people can be socially integrated even if they have not assimilated to the dominant club culture. That means that in sports clubs with members from different cultural backgrounds, there can be a climate of openness – also for people that have any kind of disability.

3. *Socio-affective integration* can be subdivided into the following two dimensions:

Interaction is understood as the participation in social life and the formation of social networks. In the context of sports clubs, it should be viewed broadly not only as participation in sport activities but also in member democracy, voluntary work and social gatherings. In that sense, the degree to which members play an active role in the club can be a measure of one facet of social integration.

Identification describes the emotional devotion. It measures to what extent members identify with and feel emotionally connected to their sports club and the other members.

In this article, the focus lies on socio-cultural and socio-affective integration as dependent variables because only sports club members, who are already structurally integrated in a sports club, were included. Consequently, differences between members with various disabilities and without a disability become clear. As a result, the question to what extent sports clubs are an attractive setting for people with disabilities in general is not focus of this study.

Individual and structural factors relevant for social integration of members with disabilities in sports clubs

Existing research pointed out that there are various barriers and restrictions at the individual, structural and environmental level affecting people with disabilities' sports participation (Jaarsma et al., 2014; Shields, Synnot, & Barr, 2012). The relevant factors on the different

levels are presumably also relevant for the social integration of members with disabilities in sports clubs. Thus, our theoretical considerations are guided by a multilevel framework (e.g. Nagel et al., 2015).

On an *individual level*, the lack of physical or cognitive skills (e.g. gross motor function, manual or cognitive ability, lack of energy and fatigue), lack of social skills (e.g. communication problems, tentativeness and fear of contact) and psychological aspects (e.g. lower self-concept, self-confidence, independence) as well as lack of perceived social support (e.g. by their family, peers and significant others) are described as the most important restrictions affecting sport activity (e.g. Bult, Verschuren, Jongmans, Lindeman, & Ketelaar, 2011; Jaarsma, Dijkstra, Blecourt, Geertzen, & Dekker, 2015; Shields et al., 2012; Stroud, Minahan, & Sabapathy, 2009). These restrictions might be different for people with different disability forms and according to the severity of a disability. Furthermore, the different forms of disabilities are not only relevant for participation in sport activities, but likely also for the different aspects of social integration. Consequently, the following research questions are of interest: Are there differences between members with and without disabilities regarding social integration in sports clubs? What role do different forms of disability play for social integration, and to what extent are the need of special adjustments as well as perceived personal, social, structural or other restrictions relevant?

Furthermore, socio-demographic variables (gender, age and educational level) are considered. Although existing literature on sports club participation that concerns members in general and not only people with disabilities shows that women are underrepresented (European Commission, 2018), there seem to hardly be any gender effects with regard to socio-affective and socio-cultural integration (Schlesinger & Nagel, 2015; Seippel, 2005; van der Roest, van der Werff, & Elmoose-Østerlund, 2017; Østerlund et al., 2014; Østerlund & Seippel, 2013). Considering age, younger people are to a higher degree structurally integrated in sports clubs (European Commission, 2018). Besides, younger people also have higher values in socio-affective and socio-cultural integration in sports clubs (Østerlund et al., 2014; Østerlund & Seippel, 2013). Existing research indicates no substantial differences in social integration with regard to educational level and social class differences (Seippel, 2006). A Danish study even found that the participation of members in strong communities, where a high social interaction with and high emotional commitment to other members are combined, decreases with educational level (Østerlund & Seippel, 2013). However, according to the European Commission (2018) people from lower classes are less structurally integrated in sports clubs. Although the literature review reveals few differences in social integration according to social background, the effect of these variables might be different when examining it only amongst people with disabilities because the assumptions are based on studies that do not specifically analyse this target group. As there is hardly any research on members with disabilities, the following question arises: Are gender, age and educational level relevant for social integration of members with disabilities in sports clubs?

Social integration in sports clubs takes time and is associated with specific forms of affiliation and participation in the context of sports clubs. At least we can see from other studies on sports club members that the type of affiliation to a club (e.g. volunteering), the membership duration, the frequency of sport participation, the form of participation (e.g. competitive sport) as well as the team or training group size are positively correlated with social integration (Baur & Braun, 2003; Elling & Claringbould, 2005; Nagel, 2006; Schlesinger & Nagel, 2015; Østerlund et al.,

2014; Østerlund & Seippel, 2013). Thus, the following research question is formulated: What role do voluntary engagement, membership duration, frequency of sport participation, participation in competitions and the size of team or training group play in the social integration of sports club members with disabilities?

Furthermore, it is interesting to investigate, for the specific target group of members with disabilities, if they practice sport in a training group only with people with disabilities and/or in a mixed training group together with people without disabilities and how that affects their social integration. Radtke (2016) found that at the beginning of Paralympic athletes' careers different motives lead to either being in favour of a separate or a mixed training group. Motives for being in favour of a mixed setting were that people with disabilities do not want to attract attention and they reject the assignment to disability sport as they do not want to be stigmatised as disabled. On the other hand, some athletes with disabilities preferred a separate setting which they experienced as a safe environment where they could benefit socially from practising with other athletes with similar disabilities feeling less pressure to perform. In the context of our research perspective the following question arises: Are sports club members with disabilities better socially integrated if they practice sport in a mixed training group?

Regarding the *structural level*, a number of restrictions were reported for the participation of people with disabilities in sports clubs, including the lack of sports opportunities and physical activity programmes, focus on team and competitive sports, inadequate sports facilities and material, lack of transport possibilities, lack of financial resources and high costs, respectively, lack of trained staff capacity (e.g. Cunningham, 2011; Jaarsma, Dijkstra, Geertzen, & Dekker, 2014; Kitchin & Howe, 2014; Misener & Darcy, 2014; Shields, Synnot, & Barr, 2012; Shields & Synnot, 2014; Wicker & Breuer, 2014). As these factors are related to club policy, which is reflected in initiatives and club goals, it can be expected that special programmes and initiatives, in this case for people with disabilities, have an influence on social integration. Initiatives for people with disabilities were, in our study, operationalised as targeted sport activities, special teams for people with disabilities, cooperation with sport organisations, municipalities or local governments, concessionary membership fees (e.g. reduced or funded) as well as special efforts to compensate disabilities (e.g. specialised equipment or adaptations to buildings). Regarding general club policy, it might have a positive influence if the clubs' board strives to help socially vulnerable groups to become better integrated into the club or if the club strives to offer sport to as many population groups as possible. As integration seems not to be reached automatically, the following research questions can be derived: Are special initiatives at the club level for people with disabilities conducive to their social integration? Are specific club goals related to the integration of people with disabilities or other population groups relevant for the social integration of members with disabilities?

The *environmental level* comprises restricting factors such as lack of policy programmes and negative societal attitudes, e.g. lower social acceptance, perceived social isolation and discrimination (Brittain, 2004; Kozub & Lienert, 2003). As policy programmes regarding sport for people with disabilities differ between countries (Ibsen, Nichols, & Elmoose-Østerlund, 2016) a further research question is: Are there differences in the degree of social integration of sports club members with disabilities between various countries?

Method

The data for the empirical analyses of the research questions are retrieved from the SIVSCE project, which was the first to collect large-scale comparative data on sports clubs with a particular focus on social integration as well as on volunteering (Elmose-Østerlund & Ibsen, 2016; Elmose-Østerlund, Ibsen, Nagel, & Scheerder, 2017). Data were collected on the meso level of sports clubs and the micro level of members and volunteers (Nagel, 2007; Nagel et al., 2015) with online questionnaires in ten European countries: Belgium (Flanders), Denmark, England, Germany, Hungary, the Netherlands, Norway, Poland, Spain and Switzerland (see Table 1). These countries were selected to provide a broad range of various geographical regions, different sport policy systems and levels of sports club participation in Europe.

Sample: members in selected sports clubs

At the micro level, an online survey was conducted in spring of 2016 amongst adult (16+ years) members and volunteers in 642 European sports clubs. The survey used national translations of an English questionnaire developed and cross-checked in the research group. It included questions about social integration and participation in sports clubs as well as the main socio-demographic characteristics.

Table 1
Sample

Country	<i>N</i> _{clubs}	<i>N</i> _{members}	<i>N</i> _{members with disabilities}
Belgium (Flanders)	47	762	54
Denmark	36	3,163	529
England	40	717	89
Germany	141	2,455	290
Hungary	47	716	84
The Netherlands	144	1,965	173
Norway	30	1 330	121
Poland	61	570	62
Spain	55	445	27
Switzerland	41	959	53
Total	642	13,082	1,482

In all ten countries, a minimum of 30 sports clubs with a total of at least 2,000 members and volunteers, were included in the sample. As Table 1 shows, a total of 13,082 members and volunteers replied to the survey. The sample contains *N*=1,482 members with disabilities (for details see van der Roest et al., 2017). A total of 655 members reported a chronic disease (e.g. asthma, diabetes, multiple sclerosis), 606 a physical disability (e.g. mobility impairment, problems in the musculoskeletal system), 226 a hearing impairment, 191 a visual impairment,

90 a psychosocial or behavioural problem (e.g. autism, ADHD) and 18 an intellectual disability (e.g. Down's syndrome).

The subsamples of members with disabilities for each of the 642 clubs were quite small (in most clubs less than five members). Thus, the requirement for a multilevel analysis with club as a second level were not fulfilled. Consequently, we only calculated multilevel models with country as a second level factor to check for the magnitude of country variations before conducting an OLS regression. We analysed structural factors in bivariate analyses.

Data analysis

The data contained 14 items measuring the dependent variables of social integration that could be reduced to three dimensions of social integration (see Table 2; Elmoose-Østerlund et al., accepted). The statistical analyses were conducted with IBM SPSS Statistics Premium Campus Edition 25.

First, social integration scores of members with disabilities were compared to members without disabilities conducting bivariate analyses. After controlling for country variation by conducting multilevel regression analyses, OLS regression analyses were carried out only for members with disabilities. Finally, correlation analyses between club goals (data collected at the club level) and initiatives on the one hand and integration of people with disabilities on the other hand were conducted.

Operationalisation: dependent and independent variables

Social integration scores as dependent variables

To analyse social integration, the following three scores were constructed with the 14 items on social integration of the member and volunteer questionnaire (reliability analysis: Cronbach's α between .75 and .83 according to Elmoose-Østerlund et al., accepted, see Table 2):

- 1 *Socio-cultural integration* in sports clubs means both the ability of members to know and master values and decision-making in sports clubs as well as the acceptance of multiculturalism. Two items were on *understanding*, where members were asked if they understood the democratic decision-making structures of the club. This focus was taken as the democratic decision-making structures are a characteristic aspect of sports clubs and knowledge about how member democracy and political participation of a club works is important to understand other aspects of the functioning of a club. One item was on *acceptance* where members were asked if they felt accepted for who they are. This simplification gives a clue if there exists a climate of acceptance within a certain sports club. As understanding of democratic decision-making and acceptance make up one dimension in the factor analysis even though they deal with different aspects of socio-cultural integration, from now on these two subdimensions will be addressed with *understanding/acceptance* (Elmoose-Østerlund et al., accepted).
- 2 *Socio-affective integration* will from now on be addressed with the following two subdimensions:

- a. *Interaction* is understood as the socialisation and the formation of social networks amongst members. Six items measured this index representing the frequency of participation in different forms of social life in the club, the quality of social relations as well as the socialisation impact.
- b. *Identification* means the degree to which members identify with and feel emotionally connected to the club. The five items measuring identification focus on the club atmosphere, the significance of the club to the members and volunteers and the club as a social group.

The dimensions identified in the exploratory factor analysis are in line with the theoretical reflections, except for understanding/acceptance, in which all three indicators make up one single dimension that does not differentiate the theoretical distinctions between understanding and acceptance. After having established the three dimensions, indices were constructed (ranging from 0 to 100).

Table 2

Rotated factor loadings from the factor analysis involving the 14 items describing social integration using oblique (direct oblimin) rotation (Elmose-Østerlund et al., 2019)

Items	Dim. 1	Dim. 2	Dim. 3
I understand how the club functions (1–5)	0.804	0.182	–0.084
I know when and how to give my opinion when decisions are made in the club (1–5)	0.838	0.146	–0.065
Other people from the club respect me for who I am (1–5)	0.509	–0.014	–0.436
I participate in the club's social gatherings (e.g. parties, family days, Christmas dinners, etc.) (1–7)	0.043	0.647	–0.109
I stay in the club sometime after training, matches, tournaments or the like to talk to other people from the club (1–7)	0.094	0.784	0.055
When I am in the club, I talk to other people from the club than those who belong to my team/group (1–7)	0.205	0.747	0.164
I have made new friends through participation in the club (0–1)	–0.138	0.530	–0.276
I socialise with people from the club, which I did not know before joining, outside of the club (0–1)	–0.177	0.567	–0.241
How many people from the club would you estimate that you know by name? (1–7)	0.118	0.738	0.043
There is a good atmosphere in the club (1–5)	0.264	–0.282	–0.726
I am proud to say that I belong to the club (1–5)	0.205	–0.105	–0.777
It is important for me to socialise with other people from the club (1–5)	–0.059	0.280	–0.683
The club is one of the most important social groups I belong to (1–5)	–0.095	0.362	–0.648
In the club, we help and support each other in private matters if necessary (1–5)	–0.005	0.196	–0.701
Eigenvalues	1.210	5.280	2.000
% of variance	8.642	37.716	14.285
Cronbach's alpha value	0.799	0.750	0.832

Cells in the grey background indicate the dimension to which each variable had the highest rotated factor loading. $N=9,046$ – $10,180$ cases were included in the factor analysis depending on the number of missing values in the pairwise analyses (Elmose-Østerlund et al., 2019). Dim. 1: Understanding/acceptance; Dim. 2: Interaction; Dim. 3: Identification.

Independent variables on the meso and the micro level

There are six categories of independent variables that might influence social integration, four on the individual level of members, one on the structural level of training groups and one on the structural level of sports clubs (see Table 3):

1. *Indicators of disability* are the disability form, special adjustments needed and restrictions. People with cognitive disabilities were not included in the regression models due to the small sample size.

For special adjustments, people that reported at least one disability were asked if they need one or more of the following adjustments when participating in sport activities: customised sport wheelchair, customised sport material, customised sport arm or leg prosthesis, guide/service dog, buddy for people with a visual impairment, special playing rules or other special adjustments.

Restrictions were subdivided into personal (five items, e.g. 'I am dependent on sign language'), social (five items, e.g. 'It is difficult for me to be part of a team'), structural (six items, e.g. 'Playing rules are not adapted for people with a disability/health problem') and other restrictions. Multiple answers were possible.

2. *Socio-demographic background* includes gender, age and educational level.
3. *Affiliation* describes if someone is affiliated as a member and/or regular or occasional volunteer.
4. *Participation* includes the frequency of sport participation, participation in competitions and membership duration.
5. *Characteristics of the training group* includes the size of the team or training group where the member is most frequently active and if a person with a disability practices only in a group together with other people with disabilities and/or in a mixed setting. The latter was not included in the multilevel regression model as it causes considerable drop-out.
6. *Club policy* with a possible influence on social integration of people with disabilities comprises club attitudes regarding integration of vulnerable population groups and special initiatives for people with disabilities.

Table 3

Descriptive statistics for the independent variables included in the OLS regression models (only for people with disabilities)

Independent variables	Percentage (%)	Total number of replies (N)
Disability status and socio-demographic background		
Disability form (dichotomous)		1,482
- Physical disability (yes)	40.9	
- Visual impairment (yes)	12.9	
- Hearing impairment (yes)	15.2	
- Chronic disease (yes)	44.3	
- Psychosocial disability (yes)	6.1	
Needs special adjustments (yes)	9.3	1,418
Restrictions (dichotomous: at least one of a category)		1,317
- Personal restrictions (yes)	41.5	
- Social restrictions (yes)	16.0	
- Structural restrictions (yes)	9.1	
- Other restrictions (yes)	9.2	
Gender		1,480
- 1: Woman	39.4	
- 2: Man	60.6	
Age (categorised)		1,447
- 1: 16–39 years (ref.)	22.1	
- 2: 40–59 years	36.9	
- 3: 60 years or more	41.0	
Educational level		1,420
- 1: Low (ref.)	13.2	
- 2: Medium	44.7	
- 3: High	42.1	
Affiliation and participation		
Regular volunteer (yes)	34.5	1,482
Occasional volunteer (yes)	43.9	1,482
Years connected to the club (1–6)		1,477
- 1: Less than 1 year	6.9	
- 2: 1 to 2 years	11.6	
- 3: 3 to 4 years	13.3	
- 4: 5 to 10 years	20.6	
- 5: 11 to 20 years	19.0	
- 6: More than 20 years	28.6	
Frequency of sport participation (0–5)		1,453
- 0: Never/not sports active in the club	25.1	
- 1: Less than once a month	3.2	
- 2: 1–3 times a month	8.2	
- 3: 1 time a week	23.5	
- 4: 2 times a week	25.8	
- 5: 3 times a week or more	14.2	
Participation in competitive sport		1,090
- 0: No	56.6	
- 1: Yes	43.4	
Team/group size		1,415
- 0: Not sports active	25.8	
- 1: 0–2 others (ref.)	7.1	
- 2: 3–10 others	25.7	
- 3: More than 10 others	41.4	
Separate vs. mixed setting		1,135
- Separate setting (ref.)	2.6	
- Mixed setting	52.9	
- Both settings	21.1	

Results

Degree of social integration of people with disabilities in European sports clubs

Members with disabilities are relatively well integrated regarding understanding/acceptance, interaction and identification and there are no differences when comparing members with and without disabilities in a bivariate analysis (see Table 4).

Table 4

T-test-comparison of social integration of people with and without disabilities

	Disability	N	M	SD	T-test for equality of means
Understanding/ acceptance	Yes	1,403	77.322	21.974	$t^2(1\ 822.846)=-.168; p=0.867$
	No	8,729	77.429	20.662	
Interaction	Yes	1,479	63.687	24.348	$t^1(10\ 559)=1.636; p=0.102$
	No	9,082	64.790	23.997	
Identification	Yes	1,443	73.024	22.857	$t^2(1\ 876.793)=.800; p=0.424$
	No	8,966	72.509	21.523	

¹ equal variances assumed; ² equal variances not assumed; *p*: 2-tailed significance

However, there are some significant differences when regarding specific disabilities. There is an effect for the dimension “interaction”: People without a physical disability ($N=10,485$) score higher ($t^1(11\ 089)=3.281; p_{2\text{-tailed}}=0.001$) than people with a physical disability ($N=606$). Furthermore, members with an intellectual disability score significantly lower regarding the “understanding/acceptance”-dimension ($t^2(15.020)=2.742; p_{2\text{-tailed}}=0.015; N_{\text{people with intellectual disability}}=16; N_{\text{people without disability}}=10\ 332$) and identification ($t^2(16.024)=2.236; p_{2\text{-tailed}}=0.033; N_{\text{people with intellectual disability}}=17; N_{\text{people without disability}}=10,719$). People with a psychosocial/behavioural problem ($N=85$) score significantly lower ($t^2(84.801)=3.604; p_{2\text{-tailed}}=0.001$) than people without a psychosocial/behavioural problem ($N=10,263$) regarding the “understanding/acceptance”-dimension.

Individual factors relevant for social integration

The results of a multilevel regression analysis reveal that intercept variances at the country level were not significant in the statistical multilevel models for all three dependent variables.

¹. Equal variances assumed.

². Equal variances not assumed.

The country level intra class correlations (ICCs) were relatively low (between 0.016 and 0.039), indicating that a limited percentage of the variation in the dependent variables can be explained by differences at the country level. Therefore, regression models are limited to the individual level of members with disabilities.

The OLS regression (only for members with disabilities) shows only small effects of the disability-specific variables, which is in line with the bivariate analyses. There are even less effects as experienced restrictions and socio-demographic determinants are controlled (see Table 5). Regarding disability form, only people with a psychosocial disability are significantly less integrated in the dimension of “understanding/acceptance” in the first model. For the dimensions of “interaction” and “identification”, people who experience social restrictions are less integrated only in model 1. This effect disappears when other variables regarding affiliation and participation in the club are added in model 2. People who need special adjustments or experience personal, structural or other restrictions are integrated in the same way as people that do not.

Gender is only significant in the first models of the “understanding/acceptance”- and “interaction”-dimensions where men are better integrated. The results for the different age groups show that age plays a role for the “identification”-dimension where members between 40–59 years score significantly lower compared to young people aged 16–39 years in models 1 and 2. Furthermore, there are effects of educational level in that members with higher education levels have smaller values in the dimension of “identification” and higher values in the “understanding/acceptance”-dimension.

The second models show that the variables describing affiliation and participation of members with disabilities are more relevant for social integration than disability-specific and socio-demographic background variables. The R^2 -values for the second models are much higher than those for the first models. For the “interaction”-dimension, all integrated variables on affiliation and participation in the club are significant. However, regarding the dimensions of “identification” and “understanding/acceptance”, only some of these variables show effects while at the same time socio-demographic background variables, especially educational level, seem to be more important than for the “interaction”-dimension. Regarding the “identification”-dimension, the frequency of sport participation shows no significant effect. Furthermore, for “understanding/acceptance” only being a volunteer and the membership duration are positively associated with this dimension.

Voluntary engagement as an occasional or even more as a regular volunteer is positively correlated with all dimensions of social integration in the second and third models. Membership duration is positively correlated with the “understanding/acceptance”-dimension in the second model and with the “interaction”-dimension in the second and third model.

The third models show that members with disabilities who practice sport in both settings ($N=313$), only with people with disabilities as well as mixed together with people without disabilities, score significantly higher regarding the “interaction”-dimension compared to people who practice in a separate setting only ($N=38$). For the other two dimensions, there are no significant effects.

Table 5
OLS regression models for members with disabilities

	Understanding/acceptance			Interaction			Identification		
<i>Independent variables</i>	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3
Disability status and socio-demographic background									
Disability form (dichotomous)									
- Physical disability (yes)	-0.952	-0.632	0.112	-2.613	-1.678	-2.032	-1.628	-1.242	-1.712
- Visual impairment (yes)	-1.342	0.092	1.441	0.948	1.930	0.425	0.408	1.451	1.530
- Hearing impairment (yes)	-1.787	-1.193	0.762	0.199	0.984	1.748	-1.293	-2.055	0.234
- Chronic disease (yes)	-2.502	-2.208	-1.311	0.950	0.907	2.091	-0.188	0.533	1.829
- Psychosocial disability (yes)	-9.0299**	-5.239	-4.563	-2.810	-2.318	-2.193	-3.748	-0.504	-0.220
Needs special adjustments (yes)	-1.443	-1.030	-1.354	-1.168	-2.290	-1.030	0.033	0.918	2.361
Restrictions (dichotomous)									
Personal restrictions (yes)	-0.063	0.141	-0.244	0.375	0.761	0.451	-0.610	-0.514	-0.730
Social restrictions (yes)	-3.510	-3.115	-3.094	-5.994**	-1.390	-1.277	-5.288*	-3.967	-4.646
Structural restrictions (yes)	2.024	3.243	2.213	2.326	2.344	1.523	0.916	1.012	1.141
Other restrictions (yes)	0.364	0.780	1.001	0.579	-0.294	-1.459	1.686	2.962	2.787
Gender (man)	2.953*	1.808	2.433	5.352***	0.245	0.701	-0.001	-1.050	-1.223
Age (categorised)									
- 16–39 years (ref.)									
- 40–59 years	1.048	1.305	2.130	-0.808	-3.163	-4.449*	-4.428*	-3.829*	-3.475
- 60 years or more	3.304	4.626	4.977*	-0.936	-1.934	-2.658	-1.773	0.127	0.282
Educational level									
- Low (ref.)									
- Medium	3.691	3.866	2.720	-0.389	-0.880	-2.320	-1.661	-2.146	-1.753
- High	4.348*	4.546*	2.820	-2.213	-1.058	-2.501	-5.603**	-5165.*	-5.725*
Affiliation and participation									
Regular volunteer (yes)		9.877***	10.287***		10.902***	9.827***		8.046***	8.104***
Occasional volunteer (yes)		4.485***	5.404***		9.064***	10.108***		5.000***	5.533***

Years connected to the club (1–6)	0.916*	0.744			4.401***	4.263***		0.916	0.891
Frequency of sport participation (0–5)	1.074	1.290			3.699***	3.498***		0.647	0.716
Participation in competitive sport (yes)	2.252	2.400			9.104***	9.790***		3.251	3.446
Team/group size									
- Not sports active	0.795	1.461			20.350***	21.257***		6.151	7.979
- 0–2 others (ref.)									
- 3–10 others	-1.883	-2.339			9.059***	10.258***		5.739*	6.169*
- More than 10 others	-0.619	-1.554			10.609***	10.447***		8.556***	8.452**
Separate vs. mixed setting									
- Separate setting (ref.)									
- Mixed setting		0.027				5.431			3.312
- Both settings		2.530				9.579*			5.211
Constant	70.692***	58.076***	56.770***	58.168***	15.736***	10.987	80.402***	61.309***	56.867***
R ²	0.032	0.127	0.149	0.026	0.367	0.388	0.028	0.116	0.136
N	1,146	1,031	831	1,198	1,073	864	1,174	1,055	850

Non-standardised beta coefficients are presented; * $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$

Correlation of club policy and social integration of people with disabilities

Regarding social integration according to club attitudes and initiatives, the general tendency is that there is a higher integration amongst members with a disability in clubs that have special initiatives. However, this is only significant for the “identification”-dimension ($t'(1,340)=-2.065$; $p_{2\text{-tailed}}=0.039$; $N_{\text{members in clubs without initiatives}}=1,068$; $N_{\text{members in clubs with initiatives}}=274$).

There are no significant correlations between social integration of members with disabilities and the following club goals: (1) helping socially vulnerable groups – including people with disabilities – to become better integrated into the club and (2) including many population groups (measured on a five-point Likert scale).

Discussion

This article examines the relevance of a broad range of individual and some structural factors for social integration of members with disabilities in European sports clubs.

The results show that sports club members with disabilities are relatively well integrated regarding the three dimensions “understanding/acceptance”, “interaction” and “identification” when compared to members without disabilities. However, a closer look at the results shows that people with an intellectual disability score significantly lower for “understanding/acceptance” and “identification”. A limitation of this finding is the small sample size of people with an intellectual disability that might be caused by difficulties in understanding the questionnaire. Another reason could be that less people with intellectual disabilities are members of mainstream sports clubs. This goes hand in hand with findings of Sørensen and Kahrs (2006) that people with severe disabilities might not have the possibility to be active in the integrative context, because they would probably be less integrated. Another group that scored significantly lower in “understanding/acceptance” are people with a psychosocial disability. This could be due to greater difficulties for these people to develop social skills (Linz & Sturm, 2013) which affects the understanding and adaption of dominant values and norms of a club and therefore leads to less acceptance by other club members.

The OLS regression analysis showed that from the restrictions, only social restrictions are negatively associated with social integration in the first models of the “interaction”- and “identification”-dimensions of social integration. This makes sense as social restrictions such as having difficulties in being around many people at the same time or not having a buddy when having a visual impairment may obviously restrict possibilities for all dimensions of social integration whereas personal or structural restrictions are probably only relevant for structural integration. People who need special adjustments for practising their sport are not significantly less integrated as the level of support is probably most relevant for structural integration (Darcy, Lock, & Taylor, 2017).

¹ Equal variances assumed.

The socio-demographic background variables gender and age only play minor roles for social integration whereas educational level positively correlates with the “understanding/acceptance”-dimension of social integration in models 1 and 2. This finding suggests that higher educational levels are conducive to the understanding of values and norms of a club as well as to the acceptance of a multicultural climate which obviously makes sense. This matches with findings from Hovemann and Wicker (2009) that educational years are positively correlated with sports participation. However, this contradicts findings from a Danish sample where participation of members in strong communities, decreases with educational level (Østerlund & Seippel, 2013). Interestingly, better educated members with disabilities appear to identify less with the club as higher educational levels are associated with lower scores in “identification”.

People with disabilities affiliated as regular or occasional volunteers show higher values for all three dimensions of social integration which matches with previous findings that were not specific for the target group of people with disabilities (Nagel, 2006; Schlesinger & Nagel, 2015). Volunteering may help to better understand how the club functions and gives opportunities for socialising and regular discussion with other people. However, another reason might be that those members with disabilities who are already well socially integrated are willing to engage as volunteers.

The result that non-sports active people are better integrated in this sample should be interpreted carefully. One explanation might be that they are not active in sport anymore, but still remain as passive members because they have a strong commitment to the club and close social relations in the club. This is also consistent with the result that membership duration positively correlates with social integration in the dimensions “understanding/acceptance” and “interaction” which matches with the literature (Nagel, 2006; Schlesinger & Nagel, 2015), either suggesting that people who have been long-term members are better socially integrated or that members who are better integrated do not quit the club – or both.

Participation in competitive sport is associated with higher scores in the “interaction”-dimension of social integration, which makes sense as people who want and can participate in competitions for a club might have more possibilities for interactions within their team. However, often people with more complex needs experience more constraining factors to participation in competitive mainstream sport (Jeanes et al., 2017). Since the focus of sports clubs is guided by a particular convention, most often competitiveness (Skille, 2011), this leads to an organisational identity that promotes social integration particularly for those members who engage in competitions. Stenling and Fahlén (2016) found that the main purpose of most clubs in Sweden is to prepare members for participation in competitive sport and that fewer clubs focus on secure access to sport for the target group of people with disabilities as their core purpose.

People with disabilities who practice sport only in a separate group with other people with disabilities score significantly lower with regard to “interaction” than people who practice sport together with people without disabilities. For the “understanding/acceptance”-dimension and the “identification”-dimension of social integration there are no differences between various forms of sporting groups. There are two possible explanations for the finding that members with disabilities in mixed groups

have a higher rate of social contact. One reason might be that these groups offer members with disabilities more opportunities for conversation with other members. Another possible explanation is that members with disabilities who like having more social contacts and conversation, are more inclined to join mixed training groups together with people without disabilities than members with disabilities who feel less comfortable in joint sport groups. One could argue that there are other possibilities, for example joint social events, to integrate members with disabilities in the broader context of a club if it is too difficult to include them in mainstream teams. However, Jeanes et al. (2017) found that probably only few clubs implement these kinds of social gatherings and that the implementation is strongly reliant on committed volunteers. Our findings contradict the general conception that members with disabilities are primarily integrated in separate sports clubs due to exclusion (Collins & Kay, 2014; Patel, 2015) as according to the member survey only 38 members practice exclusively in a separate setting. However, this must be interpreted with caution as not many disability sports clubs were selected for the sample.

All in all, the degree of social integration seems to be more strongly associated with individual factors regarding affiliation and participation in a club than disability-specific variables on the individual level and club goals and initiatives on the structural level of sports clubs. Disability-specific variables might be more relevant for structural integration, the representation of a population group, which matches with findings of previous studies (Darcy, Lock, & Taylor, 2017; Darcy, Taylor, Murphy, & Lock, 2011). The same applies for club policy, as according to the club survey special initiatives are positively correlated with structural integration (Elmose-Østerlund et al., 2017). However, according to the member survey, targeted initiatives are only positively correlated with identification as these, for example, may help members with disabilities to feel more supported by the club and other members. Furthermore, the specific club goals analysed even had no relevance for social integration of members with disabilities which rather contradicts previous findings (e.g. Baur & Braun, 2003; Nagel, 2006). However, these findings were not specifically tied to the target group of people with disabilities and the analysed variables are not directly comparable. This lack of importance of club goals might be due to a lack of strategic actions of sports clubs to adapt social policy objectives of governments and sport associations that have the goal to integrate people with diverse backgrounds (Spaaij et al., 2018; Spaaij et al., 2014).

As there were no country differences regarding understanding/acceptance, interaction and identification despite different sport systems, the results presented can be cautiously generalised in the European context. However, there might be differences between countries when it comes to structural integration.

Limitations and implications for future research

Referring to the indicators of disabilities, a specific limitation might be the different understanding of disabilities in different languages and cultures as no international framework like the ICF (International Classification of Functioning, Disability and Health, World Health Organization, 2001) was applied to assess disability (Üstün, Chatterji, Bickenbach, Kostanjsek, & Schneider, 2003).

Regarding the operationalisation of the two sub-dimensions of socio-cultural integration, it is likely that the member and volunteer questionnaire utilised in this article did not include enough items for each sub-dimension. This could potentially explain why the sub-dimensions were not separated in the factor analysis. Consequently, in future studies there should be more items on this dimension in order to differentiate empirically between these sub-dimensions. Perhaps it would also make sense to apply another concept like the one by Esser (2009), as was for example done by Adler Zwahlen, Nagel and Schlesinger (2017) in their study on social integration of immigrants.

There might be a selection bias as it can be assumed that the most socially integrated members and volunteers were more inclined to complete the survey than less involved and engaged. Clubs that focus more on social integration of their members were also possibly more interested in participating in the study. Therefore, it cannot be expected that clubs in each country were representative and social integration of sports club members might be overestimated. Moreover, future research should also focus on non-members, because they are very likely to perceive barriers that inhibit a membership in a sports club and consequently social integration.

As only cross-sectional data were collected, for future research longitudinal studies are needed to reveal causal relations and social mechanisms, for example whether members that are engaged in volunteering become more socially integrated or if better socially integrated members become volunteers. The same applies for the membership duration: Do members become better integrated over time or do they remain a member because they are better integrated in the club from the baseline on? Furthermore, greater attention should be paid to possible relevant factors at the club level, as in this study these factors were only given minor importance. To analyse this, larger samples of members with disabilities for each sports club are necessary to conduct multilevel analyses with individuals nested in sports clubs and to focus more on policy variables.

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Appendix 1.3 Social integration of members with disabilities in sports clubs: A multiple case study

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Abstract

Policy initiatives demand the full and equal participation of people with disabilities in sports. However, people with disabilities show lower participation rates in organised sports compared with the general population and face social exclusion from integrative mainstream sports. Therefore, this study analyses the extent to which members with disabilities feel socially integrated into sports clubs and focuses on individual and organisational factors for social integration. A multiple case study design consisting of non-participant observations of training sessions and in-depth semi-structured interviews with coaches and participants within three training groups in sports clubs was applied. Data were analysed with thematic analysis showing high scores of social integration of participants with disabilities. However, the results also reveal that participants need their initiative and/or social support to join a training group.

Keywords: Disability sports; inclusion; participation; qualitative research; sports clubs

Sports participation provides important social benefits for people with disabilities, e.g., extended participation in other contexts of social life (Kissow, 2015) and higher levels of self-esteem and autonomy (Di Palma et al., 2016). In particular, organised sports activities are considered to have a high potential for stimulating social integration (Elling et al., 2001; Kissow, 2015; Østerlund and Seippel, 2013). However, the disabled population's engagement in sports is less than that of the non-disabled (e.g., Sotiriadou and Wicker, 2014; Ullenhag et al., 2012), especially in the organised sports setting (e.g., Becker and Anneken, 2013). This is crucial, as there are international claims for equal participation in the White Paper on Sport by the European Commission (2007) and the United Nations Convention on the Rights of Persons with Disabilities (2006) that demand both disability-specific and regular sports activities where people with disabilities can participate. Nevertheless, people with disabilities are predominantly practising separately in specific disability sports clubs and training groups (Collins and Kay, 2014; Patel, 2015). Though, there is evidence that people with disabilities gain broad social benefits in settings where people with and without disabilities practise together, as these settings foster social networks, relationships, and friendships (Albrecht et al., 2019; Carter et al., 2014; Corazza and Dyer, 2017; McConkey et al., 2013). Moreover, sports participation with non-disabled players contributes to personal development, leading to a positive self-perception with enhanced athletic identities and abilities as well as lower stress levels (Crawford et al., 2015; Spencer-Cavaliere and Peers, 2011; Radtke, 2016). In contrast, Butler and Hodge's (2004) observation about integrative settings in the physical education context shows that contacts and interactions are often unidirectional

in the way that they only emanate from children with disabilities. Furthermore, differences become more obvious in the integrative setting.

Thus, it seems interesting to explore whether and how social integration in the integrative setting works to improve full and effective participation in integrative organised sports. Therefore, it is necessary to identify individual and organisational factors relevant to the social integration of people with disabilities in integrative sports clubs and training groups with a sound multidimensional concept of social integration. Hence, the questions of this study are as follows: To what extent are grassroots and competitive sports club members with disabilities socially integrated into integrative sports clubs and training groups in Switzerland? What are the underlying factors on the individual as well as on the organisational level of sports clubs and training groups?

Theoretical background

Social integration of people with disabilities in sports clubs

Social integration is more than structural integration, which only means the formal integration in an institution (Elling et al., 2001). Thus, social integration is a multidimensional, interdependent process that Esser (2009) subdivides into cultururation, interaction, identification, and placement (see also Adler Zwahlen et al., 2018). An alternative concept by Elling et al. (2001) frequently applied in the English-speaking literature distinguishes between structural, socio-cultural, and socio-affective integration. However, in this study, we relate to Esser's (2009) concept, as it is better suitable for our multilevel model approach and more specific with four instead of three categories.

Cultururation (Esser, 2009), or socio-cultural integration according to Elling et al. (2001), includes the acquisition of knowledge about values and norms, competencies, preferences, and habits as well as the acceptance of and the behaviour according to the written and unwritten rules of a social group.

Interaction (Esser, 2009), one aspect of socio-affective integration according to Elling et al. (2001), is understood as the establishment and preservation of social relationships and networks. This dimension includes both the quality of the relationships within the club and contact with other club members outside of the club.

Identification (Esser, 2009), another aspect of socio-affective integration according to Elling et al. (2001), is the emotional devotion, i.e., loyalty, to a social system or group. It includes pride in belonging to a club, emotional connectedness, and the sense of belonging to the club.

Placement (Esser, 2009) means the assumption of rights and duties as well as the filling of positions, including voluntary work and active participation in voting, for example, in the club's general assembly. It includes whether members are interested in the planning in the management of the club, take part in discussions about club affairs with other members, and contribute their ideas to the club.

Multilevel model: Factors relevant for social integration of people with disabilities in sports clubs

The multilevel approaches used in sports club research (Nagel et al., 2015) distinguish between the individual (micro), organisational (meso), and environmental (macro) levels. In this qualitative study, we focus on the individual and organisational perspective. Therefore, in the following, we will give a brief overview of existing research in this context.

Individual factors relevant to social integration

On the micro level, disability-specific hindering factors can be a lack of physical, social, or cognitive skills, psychological aspects, a lack of knowledge about organised sports activities, insufficient social support or fear of contact between members with and without disabilities (Bult et al., 2011; Jaarsma et al., 2015; Shields et al., 2012; Stroud et al., 2009). Facilitating factors are fun, health, and social support (Jaarsma et al., 2014).

A general factor for social integration might be age, as younger members showed higher values in cultururation and some aspects of identification in other studies (Østerlund et al., 2014; Østerlund and Seippel, 2013). Another factor might be gender, as females show lower participation rates (European Commission, 2018). However, current research reveals little gender difference concerning social integration (Albrecht et al., 2019; Schlesinger and Nagel, 2015; van der Roest et al., 2017; Østerlund et al., 2014; Østerlund and Seippel, 2013). Furthermore, previous studies show that volunteering, membership duration, frequency of sports participation, participation in competitive sports, and team or training group size are positively correlated with social integration (Elling and Claringbould, 2005; Østerlund et al., 2014; Østerlund and Seippel, 2013; Schlesinger and Nagel, 2015).

Organisational factors relevant to social integration

Hindering factors on the meso level are inaccessible infrastructure, inadequate sports materials, transport difficulties, lack of financial resources, high costs, lack of specific sports opportunities and physical activity programmes as well as a focus on team and competitive sports (Becker and Anneken, 2013; Cunningham, 2011; Jaarsma et al., 2014; Kitchin and Howe, 2014; Shields et al., 2012; Shields and Synnot, 2014; Wicker and Breuer, 2014). Another possible factor relevant to the different dimensions of social integration of sports club members is the different organisational identities of sports clubs (Stenling and Fahlén, 2016). Through the focus on the convention of competitiveness, the openness of sports as a social good according to the ideal of the welfare state can be positively or negatively influenced (Agergaard and Sørensen, 2010; Skille, 2011). Insufficient knowledge and qualifications of coaches, as well as their attitudes, are possible barriers (Becker and Anneken, 2013). Members of clubs that have special initiatives for people with disabilities showed higher scores in identification (Albrecht et al., 2019).

Method

To comprehensively analyse the social integration of members with disabilities in sports clubs and the relevant factors at the individual and organisational levels, we conducted a multiple case study on sports clubs in the German-speaking part of Switzerland. Data were collected on the meso level of sports clubs and training groups as well as on the micro level of participants with a triangulation of methods and data sources (Yin, 2014).

Selected cases: Sports clubs, training groups, and participants

Three different integrative groups were selected theoretically based on the stages of structural integration, according to Elling et al. (2001) ($N=14$ participants, 10 of whom have a disability). The diverse and purposive sample (see Table 1) includes a professional premier league football club (case 1). Here, since 2013, participants with disabilities participate in a training group integrated into the regular club. Biweekly special training for children and adolescents with disabilities from special needs schools and young refugees from refugee hostels takes place in the stadium. It is in particular open to beginners, as there is no talent reward. In a performance-oriented track and field club (case 2), participants with acquired disabilities compete in mainstream competitions at the national level and in disability sports competitions at the international level. Practices occur three times per week on the sports ground, in the weight room or gym. Most of the group members practice more individually or in other training groups. A selected goalball club (case 3) aims towards integration in addition to youth development. Here, sighted people participate in a disability sports team for blind people in a sport that is specifically for people with visual impairments. The club is quite open to beginners as well as to advanced athletes. Practices take place once a week in a gym focusing on competition preparation.

Data collection

We applied multiple methods to gain a comprehensive picture of the cases (Flick, 2011). Primarily, we analysed documents, club websites, and details on the training group, including information on participants provided by the trainers. Afterwards, we carried out non-participant observations of training sessions with an observation protocol focusing on social interactions and relationships, the implementation of the training, particularities of the sports practice of participants with disabilities, the sports infrastructure, and presence of family, friends, and/or caregivers. Directly after the observations of the training sessions, semi-structured expert interviews were conducted with coaches to gain further knowledge about the respective sports clubs and training groups and reflecting on the non-participant observations. Finally, group discussions on social integration with two or three participants were conducted.

We conducted all the interviews, based on a theory-driven guidebook, in the respective sports facilities (e.g., changing room in a gym) that were familiar to the interviewees to guarantee a pleasant atmosphere. The interviews were audiotaped and transcribed content-semantic.

Table 1
Selected Cases

Case	Club members/ with disabilities	size: not	Training groups/with members disabilities	Coaches + assistant coaches	Participants (gender, age)	Disability forms	Interviewed participants (age, gender, disability)
1 Organisational integration	Stock corporation: membership numbers available/ 20		13/ 2	1 (nd) +2 (nd)	20 wd (16 m, 4 f; 10- 16 y) + asylum seekers	id	<ul style="list-style-type: none"> • 1 (f, 13, id) • 2 (f, 12, id) • 3 (m, 11 id) • 4 (m, 11, id) • 5 (m, 10, id) • 6 (m, 9, id)
2 Competitive and direct integration	350/ 2		15/ 1	1 (nd)	13 (6 m, 7 f; 13-25 y), thereof 2 wd + first generation migrant	pd, vi	<ul style="list-style-type: none"> • 7 (f, 24, pd) • 8 (m, 25, vi)
3 Inverse integration	56/ 4		2/ 2	2 (nd, vi) + several players that act as assistant coaches (nd, vi)	15 (10 m, 5 f; 12-53 y), thereof 3 wd	vi	<ul style="list-style-type: none"> • 9 (f, 50, vi) • 10 (m, 36, nd) • 11 (m, 12, nd) • 12 (m, 16, nd) • 13 (m, 52, vi) • 14 (f, 20, nd)

f: female; id: intellectual disability; m: male; nd: no disability; pd: physical disability; vi: visual impairment; wd: with a disability; y: years

Data analysis

The data were analysed by applying a thematic analysis with a semantic focus according to Braun & Clarke (2016). For the deductive category application, a code plan was created according to the theory-based interview guides and the observation protocol. However, the research process was quite flexible and open, so that additional categories were added inductively to the code plan during the encoding process and categories were revised during coding for their reliability to name relevant factors for social integration, describe characteristics and recognise patterns (Braun et al., 2016).

For intersubjective traceability (Steinke, 2015) from a constructivist perspective, every transcript was analysed by two coders of the research team independently and then compared afterwards. For consensual coding, differences were discussed, and in difficult cases, a third researcher was consulted.

Results

In the first step, the analyses were focused on the three case studies, but here, the results are presented together according to the theoretical concept (Esser, 2009) with a focus on the group discussions. The statements of the members with disabilities in integrative training groups reveal that their social integration in the training group as well as in the sports club is quite high. Integration takes place as individual practice with an individual scope of action but is also reliant on the social environment as well as factors at the meso (and macro) level. In the following section, social integration in the different dimensions is described, while facilitating and hindering factors at the micro and meso level are further elaborated.

Culturation

Knowledge of values

Participants with intellectual disabilities in case 1 are younger than participants in cases 2 and 3 and are more aware of explicit rules that are clear for all, so they will not insult each other. In case 2, the athletes speak about implicit culture, except for the competition license with which they are obliged to follow regarding the anti-doping rules. For the participants in cases 2 and 3, the implicit values of mutual respect and tolerance are important but the value of having fun playing with each other is also important. Furthermore, it is essential to participants in cases 2 and 3 that everyone has a sense of responsibility and reliability as well as punctuality and collegiality. They all show consideration for each other, e.g., people with and without disabilities or older and younger people. Social get-togethers such as the weekly dinners after the training sessions in case 3 demonstrate this, as meals are always cooked by a member of the team.

Rules- and standard-compliant behaviour

For the participants in cases 2 and 3, there is no issue at all, and there exists a similar understanding of rules. However, in case 1, there seems to be uncompliant behaviour that disrupts the training sessions. The participants in case 1 articulate that this uncompliant

behaviour always arises from others, indicating that there are different small groups within the whole group.

Understanding of club procedures

Participants in case 1 know more about training, as most of them are not very interested and too young to understand club procedures. In cases 2 and 3, the participants agree that everything concerning the running of the club is very clear, easy, and informal but also fair and straightforward. Participants in case 3 have even more knowledge of club procedures, as the club is quite small, and they have much contact with club officials and coaches outside of training sessions, e.g., in informal gatherings or via WhatsApp, where they could always ask questions.

Influencing decisions

The understanding of procedures and the knowledge about contact points within the club where they can express concerns help participants in cases 2 and 3 to offer ideas and to influence decisions within the team and in the club. Participants in case 1 state that their coaches are responsible for all the decisions, which is also fine for them. If they have problems or are unsatisfied, they would consult with either their coaches or their teachers. In case 3, the understanding of procedures and the possibilities for influencing decisions are especially high, as many of the participants have been in the club since its founding and therefore shaped the club's culture.

Interaction

Establishment and preservation of friendships

Participants have different experiences regarding the establishment of friendships. Participants identified as numbers 9, 10, and 12 joined the group to maintain existing relationships as they already knew most of their training colleagues before, while others chose to have relationships with a select few, as the girls in case 1 only establish friendships with other girls, and some children prefer contact with the coaches and assistant coaches. Participants 12 and 13 like that social contact in their sports involvement helps them to make new friends. Participant 12 even brought friends from school to the club, and later, his mother joined. Participant 10 emphasised that he made friends through matches and competitions. Participant 11 just joined the club recently and had not made new friends yet, but he was very confident that he might gain new friends there.

As the performance level is very heterogeneous in case 1, there are few opportunities for contacts with the refugees; these are limited to warm-ups and at the matches at the end of training sessions. Nevertheless, if they want to make new friends, this sports setting seems to be beneficial to them, and they enjoy meeting each other in this context. In contrast, in cases 2 and 3, the participants have very close friendships. As the atmosphere in case 2 is very good, athlete 7 expresses that "even the training camp is always quite social". This is also because more training together has fostered stronger relationships within the group and therefore, there

is not much time left for social contacts outside of the sports context. In particular, athlete 8, who has already been in the training group for more than ten years, states that most of his contacts are within the training group. According to him, they also have a better understanding of the highly demanding training, which leads to limited time for other social activities. However, athlete 7 has friends from different stages of life, as she became a member of the club not too long ago.

Contact outside of the club

In case 1, interactions seem to be limited to training sessions as they do not have contact outside of the club. In contrast, the participants in cases 2 and 3 are in contact with each other via WhatsApp, and the participants with and without disabilities in case 2 meet occasionally and in case 3 even more often to go out together and have further contact with each other in their everyday life. As case 3 is a very familiar club in a rather small municipality where the social gathering is also important, participants meet after every training session for a joint dinner.

Contact with members outside of the training group

Whereas it is more difficult to have contact with other club members outside of the training group in a very small club (case 3: only two training groups) or a big one (case 1), athletes appreciate this contact, especially in case 2, as one athlete who has most of his social contacts within the club illustrates with the following comments:

I like the social aspects very much, that we meet people from different training groups ..., that we have contact with them, that the people on the sports ground know you. Well, in bigger clubs, everyone makes their own thing and here everyone speaks with each other.
(participant 8)

Mutual respect and appreciation

Respect and appreciation exist in all cases, and nobody states that he or she feels unaccepted by the teammates. Participants without disabilities show consideration to and support the members with disabilities. Overall, the social interactions between all the participants work well, as this quote shows:

This is completely different from normal football players – much more caring. ... The big ones take care of the little ones. To observe this is a very special situation. Sometimes it's rough the way some people talk. ... However, in contact, they are very caring with each other. (coach case 1)

However, the coach in case 2 expresses that “there is ... a cautious distance ... [when it comes to the topic of the disability itself]. You don't ask everything. And she [participant 7] won't say everything either.” Moreover, the players from case 3, reflecting on their experiences in competitions with other teams, criticise that they sometimes feel disrespect from other teams

regarding their high structural integration of members without disabilities, especially when they are better than the members of the other teams.

Social support for sports

In case 1, teachers and caregivers are responsible for accompanying and motivating participants. In particular, the girls (participants 1, 2) who are always accompanied by their teacher with her young son claim that their parents never watched them play. Most of the boys in case 1 (participants 4, 5, and 6) are brought to the training by caregivers and remark that their social environment accepts and is proud of their participation. Nevertheless, participant 3's mother always accompanies him to the training. Athletes with disabilities in cases 2 and 3 receive support from teammates who help them with rides to the training. In case 3, most of the participants' social networks consisting of family and friends support them individually. They are always ready to help the club at tournaments as timekeepers or goal judges as well as on other occasions. Interestingly, for both athletes in case 2, social support in sports (competition) and everyday life and acceptance increased over time due to their successful performance. Athlete 8 was very enthusiastic about sports from an early age and initially joined the club together with a friend when he was looking for a suitable sport, since football did not work well anymore due to his visual impairment. On the other hand, athlete 7 joined the club on her initiative by seeking contact with a disability sports association, where she met athlete 8 who was already in the club, which is close to her place of residence.

The training infrastructure in all three cases is handicapped accessible for the respective forms of disability and easily reachable by public transport and car. However, it is noted that unlike in cases 1 and 3, integration is not a club goal in case 2. Hence, in case 2, the integration of athletes with disabilities works instead via a bottom-up process. Some of the coaches think that other coaches in the club may not be as positive about the integration of people with disabilities because of reticence.

In all cases, the participants appreciate that all are treated equally and receive the same attention, as the following citation shows: "I like that we are all coached in the same way and he [coach] doesn't say you can take one more break than the others or something like that. I must train just as hard. I like that; that's very positive" (participant 7). However, field observation has shown that if necessary, coaches make adaptations according to the disability and to individual needs; for example, instructions in case 3 are mainly oral, which is crucial for participants with visual impairments.

Identification

Pride in belonging to the club

Participants in cases 2 and 3 are proud to belong to the team, as this citation shows: "Definitely [I am proud to belong to the club]. It is a very familiar club, also a high-performance club. Even though it is small, we have some top athletes and therefore I am in any case proud that I am in this club" (participant 7). The identification in case 1 is less strong. However, although participants in case 1 are not fans of the club, they are very proud that they can practice in the stadium where the first team has its matches, as participant 9 expresses as follows: "I think

the players are very great as is the stadium. And it's also great that we can even be here in the club and play here.”

Emotional attachment

In case 1, it helps that in addition to the training, some participate as teams in a national football tournament held by Special Olympics Switzerland two to three times a year. However, in case 2, the athletes would switch if the club disappointed them. All the interviewed participants in case 3 are very proud to belong to the club, and an exemplary citation emphasises their emotional attachment to the club:

So, the club is quite close to me. If I compare it with the Mondays when I am doing gymnastics, I also feel comfortable there, but it is less close to me. So, it is like the members of the goalball club are an extended family to me. (participant 9)

They even have “a club song that [they] sing when it's necessary, and it's true, [they]’ve been able to develop a certain sense of togetherness” (participant 13).

Importance of the club

The views of the participants differ between the cases. For participants in case 1, the sports activity is very important, whereas the club itself seems not to be of significant importance. For the athletes in case 2, the club with its infrastructure is seen as an important factor for their sporting success, as this citation shows: “So it certainly creates the basis for success, with the coaches, with the infrastructure, with the team colleagues, with the other training groups, which have also become friends in the meantime” (participant 8). Similarly, for the interviewed participants from case 3, the club seems to be the most important association in their current life.

Wearing of club clothing

Evidence regarding the wearing of club clothing as a symbol for identification looks quite different for the three cases. The opinions differ in case 1, where participant 3 does not like the t-shirt the athletes got for participating, two participants do not state whether they like it (participants 2 and 5), and are rather neutral, and participants 1, 4, and 6 like to wear the club clothing very much. Athletes in case 2 are rather pragmatic when asked if they like to wear the club clothing: “Sometimes like that, sometimes like that, that is, what has just been washed and is at the top” (participant 7). However, at competitions, they wear the club outfit to represent the club. Unlike the other two cases, the participants in case 3 are very proud to wear their club clothing, as this citation shows:

Yeah, and we have some identification options. Let's talk about the green colour that was once chosen by the first people to form this association, where we have not yet been organised as an association. Because when we went to a tournament for the first time, we had some clothes, so ... we wanted a uniform and that was the case. (participant 13)

Now, there are many kinds of clothes available in their green club colour, which they also like to wear in contexts other than training and competitions, as one participant tells that he wears it very often “at school. Whenever it's in the closet, [he] put[s] it on” (participant 11).

Situations as outsiders

When asked, only participant 6 (case 1) came up with a situation where he feels like an outsider referring to the time when “they have a match and they're losing”. Moreover, participant 14 said that as a player, she never feels like an outsider but does as the club president, when she, for example, must recruit voluntary helpers.

Placement

Voluntary work

Voluntary involvement leads to identification within the team or training group and in the club. Some participants in cases 2 and 3 (participant 8: material keeper, participant 9: occasional cook for the training group, participant 10: auditor, participant 13: coach and board member, participant 14: board member) are integrated into the broader context of their club through their voluntary work. In case 1, there is a possibility for club placement through an internship. On the one hand, high loyalty to the club and other members is a facilitating factor for this aspect, but on the other hand, voluntary work also promotes loyalty to the club and other members.

Membership fees

Participants in cases 2 and 3 participate in the training regularly, must pay membership fees and accomplish mandatory (case 2) or voluntary (case 3) assistance hours, which they see as necessary in a small club, leading to more placement of active members. By contrast, in case 1, membership is free and open to everyone. Thus, the individuals do not have a membership with the club, and the sessions are open-to-all with the possibility to sign up for every training session separately, leading to a lower feeling of obligation towards the club. Accordingly, the children do not help at club events nor are they in any other way voluntarily active in the club.

Interest in the club's policies

Most of the participants (participants 4, 5, 6, 7, 8, 9, 11, 13, and 14) are generally interested in the club's policies, although they do not often discuss club matters with other members because they do not see the need as “it just works out” (participant 12) or they “do not know who to talk to” (participant 11). An exception is the weekly gathering after the training in case 3. Unlike in case 3, and case 2 if the schedule allows it, participants in case 1 do not participate in the club's general assembly.

Training and further education

In case 2, there are also possibilities for training, and further education to become a coach would be paid by the club. However, until now, the athletes (participants 7 and 8) did not have the time for that. In case 3, some participants without visual impairment had already undergone referee training (including participant 14), which is free of charge. If there were suitable courses for coaches, the club would pay for these.

Discussion

Level of social integration

The study leads to deeper insights on social integration (Esser, 2009) in the dimensions of cultururation, interaction, identification, and placement of people with disabilities in integrative sports clubs and training groups in Switzerland and the relevant individual and organisational factors. People with disabilities seem well integrated into the mainstream sports clubs, comparable to people without disabilities, which is in line with other findings, where people with and without disabilities reach similar social integration scores when compared in bivariate analyses (Albrecht et al., 2019). Barriers seem to exist rather concerning structural integration in joining a club. Here, insights show that often the initiative of the participants and/or social support was needed to join a training group. As a result, the sample of people who can join a training group is quite selective. This goes hand in hand with the findings of Sørensen and Kahrs (2006) that people with stronger disabilities might not have the opportunity to be active in the integrative context. Furthermore, there exists a tension between performing in the integrative context and thereby engaging in non-disability society and belonging to disability communities, which Purdue and Howe (2012) describe as the Paralympic paradox. This becomes obvious in case 3 sometimes having conflicts with other goalball clubs due to their integration of players without disabilities, which does not correspond to the social identity of the members of the other goalball clubs (DePauw, 2000).

In the dimension of cultururation, younger participants with intellectual disabilities know explicit rules, whereas older participants with physical or sensory disabilities also know and behave according to implicit values and norms and understand club procedures so that they can influence decisions. Here, in contrast to previous studies, being a younger age was rather hindering (Østerlund et al., 2014; Østerlund and Seippel, 2013). Nevertheless, differences could also originate from the different disability forms based on ableist assumptions about the mental capacity of people with intellectual disabilities.

Regarding interaction, participants appreciate each other and show mutual respect. They can establish and preserve friendships within the training group and partly in the club, as sports clubs are seen as a common ground to initiate and establish social contacts. This is particularly evident in cases 2 and 3, where participants even have contact outside of the club, and participants with disabilities experience social support for sports. For example, the regular dinner gatherings after training in case 3 are a facilitating factor to build and maintain social contacts. However, it makes sense that previous contacts and higher social connectedness with the club lead to further integration into the club. Regarding the relationship between coaches and participants, the participants in cases 2 and 3 can actively engage in open discussions with their coaches, which contradicts the findings of Townsend et al. (2018) where

coaching practices were unquestioned, as in case 1. Moreover, our study contradicts the findings of Greve & Bechthold (2019) that coaches have a special focus on participants with disabilities, as our study participants with disabilities accentuate that all are treated equally. Furthermore, a lack of disability-specific knowledge is seen as a barrier to integration. However, in our study, while the coach in case 2 sees this indeed as an issue, the athletes do not see it as a barrier.

Regarding the dimension of identification, all participants are proud to belong to the club. However, for some, especially if they are active as volunteers and/or participate in competitions, the club is more important than for others, and they show different levels of emotional attachment. Here, our study confirms previous results where variables describing affiliation and participation are more important than disability-specific factors (Schlesinger and Nagel, 2015; Østerlund et al., 2014; Østerlund and Seippel, 2013). However, in contrast to previous studies, younger age seems rather hindering for higher values (Østerlund et al., 2014; Østerlund and Seippel, 2013). On the organisational level, in contrast to a previous study, members of a club that has special initiatives for people with disabilities, as in case 1, did not show higher scores in identification (Albrecht et al., 2019).

Most of the differences between organisational (case 1), competitive/direct (case 2), and inverse integration (case 3) are in the dimension of placement where hierarchical resources are distributed. Here, participants with intellectual disabilities in case 1 seem less integrated as they are not voluntarily active, whereas, from cases 2 and 3, four of the participants with disabilities are active as regular or occasional volunteers. Moreover, participants in case 1 do not have to pay membership fees, do not participate in the general assembly, and are less interested in the club's policies and therefore discuss club matters less.

Individual and organisational factors for social integration

The result that participants with intellectual disabilities in case 1 are less integrated in the dimension of placement implies that social integration depends on the individual factor of the disability form. In this study, it seems that participants in cases 2 and 3 are voluntarily active because they are well integrated, and this also leads to further integration of them in the broader context of the club and therefore to higher levels of identification. This is especially crucial, as Putnam (2001) states that people who spend time, money, and/or are active as volunteers for an organisation feel more connected to this organisation.

Regarding the organisational level of training groups, social integration might also depend on the stages of structural integration (Elling et al., 2001), as participants integrated into higher stages than organisational integration tend to be better socially integrated. That the inverse integration in case 3 works well supports findings from Giese et al. (2019), showing that pupils with visual impairment movement profiles are as equally well developed as their sighted counterparts. This implies that it should be suitable for the two groups to exercise together if the kind of sport is appropriate for visually impaired participants.

Our study contradicts the findings of Wicker et al. (2014) that smaller clubs are less likely to integrate people with disabilities, as cases 2 and 3 represent two rather small clubs that are very successful in the integration of that target group. However, this might be exceptions as we specifically selected clubs that have members with disabilities. Furthermore, the successful

integration of people with disabilities can be both random and planned. Our results contradict findings from Spaaij et al. (2018) that diversity work in sports organisations is rather disorganised and accidental. This is evident in case 1, where special training is explicitly organised to promote diversity and in case 3, where inverse integration is seen as a club goal. Nevertheless, clubs that have the integration of people with disabilities as a club goal were probably more interested to participate in the project.

Hindering factors such as barriers in the infrastructure, insufficient sports materials and opportunities, transport difficulties, and financial problems as well as a focus on competitive sports could not be confirmed in our study (e.g., Becker and Anneken, 2013; Wicker and Breuer, 2014). Moreover, regarding the organisational identity according to Stenling and Fahlén (2016), high-performance clubs in cases 1 and 2 or a disability sports group-of-friends club in case 3 made no difference in our study.

Overall, social integration, especially cultururation and placement in this study, seems to correlate more with individual factors such as the form and severity of the disability itself and socio-demographic variables such as age, as was already shown in another study where only identification correlated with organisational factors (Albrecht et al., 2019).

Limitations and future perspectives

For this study, with the three training groups in different settings, diverse cases were purposefully selected to provide a broad range of results (Yin, 2014) showing that participants from different cases are to a high extent socially integrated into the clubs and the training groups. However, there are differences between the cases emphasizing the relevance of both, individual, in particular the disability form, and organisational factors. Due to the limited number of selected cases, follow-up studies with a larger number and variety of cases are indicated to generate a broader picture, and more in-depth case studies are necessary because selection bias cannot be excluded. An interviewee (participant 14) also articulated this: “I think that's something that's been selected now; those who signed up for the interview are also those who do a lot of other things [for the club]. Or, it's a bit like not everyone has the same priorities in the club.” All interviewed participants volunteered for the group discussions and thus were motivated and might have another attitude towards integration and feel better socially integrated than other members might. Furthermore, clubs, where the integration of people with disabilities works well, were probably more inclined to volunteer for the project.

In this study, we interviewed sports club members. In future studies, researchers should also interview non-members who have never been active in a sports club about barriers and former sports club members who are no longer a member to explore their experiences regarding differences compared with current members to explore further structures relevant for the social integration of people with disabilities.

To evaluate measures to increase sports participation and social integration of people with disabilities in (integrative) training groups and sports clubs, intervention studies would be appropriate. Furthermore, the project could be conducted with differentiation for different disabilities, different sports, and different stages of structural integration according to Elling et al. (2001) to compare the results of these different groups.

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Appendix 2: Further material for manuscript 1

Appendix 2.1: Catalogue of inclusion and exclusion criteria

Author and year

Today's date

Title

Reviewer

Question	Yes	No	Not Clear	Further information:
Are the research subjects people with disabilities ¹ ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form of disability: <input type="checkbox"/> Intellectual <input type="checkbox"/> Physical <input type="checkbox"/> Sensory <input type="checkbox"/> Multiple Specification: _____
Does the paper focus on sports ² participation ³ of people with disabilities in an organized sports setting ⁴ (apart from PE)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Theoretical concept/ framework: <input type="checkbox"/> (Social) Inclusion <input type="checkbox"/> (Social) Integration <input type="checkbox"/> (Social) Participation <input type="checkbox"/> Other: _____ Setting: <input type="checkbox"/> Sport club <input type="checkbox"/> Community <input type="checkbox"/> University <input type="checkbox"/> Other: _____ Is the activity on a competitive level? <input type="checkbox"/> Yes <input type="checkbox"/> No

Is the document a literature review/meta-analysis, is it an internet document or a congress abstract/poster session or a book chapter/handbook? Or is the article theoretical/conceptual?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Article type: <input type="checkbox"/> Literature review/meta-analysis <input type="checkbox"/> Internet document <input type="checkbox"/> Congress abstract/poster session <input type="checkbox"/> book chapter/handbook <input type="checkbox"/> Other: _____ <input type="checkbox"/> Theoretical/conceptual article Study design: <input type="checkbox"/> Quantitative <input type="checkbox"/> Qualitative Specification: _____
Is the paper published in a peer-reviewed journal?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the paper reported in English/German language ?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
This study is:	<input type="checkbox"/> Included	<input type="checkbox"/> Excluded , if the answer to any of the above is a shaded box.			<input type="checkbox"/> Not sure
Details:					
Additional information:					

- 1) People with disabilities: Intellectual, physical, sensory or multiple disabilities; but NOT only chronic diseases and NOT older adults at risk for acquiring a disability (prevention)
- 2) Sports: Regular physical activity that involves physical exertion where conditional skills are required/improved (on a competitive or non-competitive level)
- 3) Participation: (Social) Participation, inclusion or integration – NOT only practicing sports/physical activity alone/in an informal setting
- 4) Organized sports setting: Sports club, community or university – EXCEPT physical education in schools (PE)

Appendix 3: Further material for manuscript 2

Appendix 3.1: Questionnaire sports club survey

The first section contains questions regarding your club (e.g. size and activities).

1. How many members does your club have at the moment?

If you cannot give exact numbers, please give approximate numbers.

Total number of members: _____

Thereof male: _____

Thereof female: _____

2. Within the last five years, has the number of members increased, decreased or been stable?

	Large decrease (more than 25 %)	Moderate decrease (11-25 %)	Roughly unchanged (+/- 10 %)	Moderate increase (11-25 %)	Large increase (more than 25 %)	Don't know
Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. When was your club founded (e.g., 1963)? _____

4. What is the size of the city, town or village where your club is based?

City with...	
less than 500 inhabitants	<input type="checkbox"/>
500-4,999 inhabitants	<input type="checkbox"/>
5,000-19,999 inhabitants	<input type="checkbox"/>
20,000-49,999 inhabitants	<input type="checkbox"/>
50,000-99,999 inhabitants	<input type="checkbox"/>
100,000-499,999 inhabitants	<input type="checkbox"/>
500,000 inhabitants and more	<input type="checkbox"/>

5. Is your club a single sport club with only one main sports activity, or is it a multisport club divided in branches representing different sports?

☐ Single sport club

☐ Multisport club

6. Please tell us which sport activities your club offers (please tick the boxes). If your activity is not listed below, please use the "other" option to fill in the activity. (Country adoptions possible here)

Sports programmes	
Apparatus gymnastics	<input type="checkbox"/>
Badminton	<input type="checkbox"/>

Sports programmes	
Basketball	<input type="checkbox"/>
Billiards	<input type="checkbox"/>
Boules	<input type="checkbox"/>
Boxing	<input type="checkbox"/>
Canoe/Kayak	<input type="checkbox"/>
Chess	<input type="checkbox"/>
Curling	<input type="checkbox"/>
Cycling	<input type="checkbox"/>
Dancing	<input type="checkbox"/>
Diving	<input type="checkbox"/>
Equestrian sports	<input type="checkbox"/>
Fencing	<input type="checkbox"/>
Fighting/combat sport	<input type="checkbox"/>
Fishing sports	<input type="checkbox"/>
Fistball	<input type="checkbox"/>
Fitness/Aerobic	<input type="checkbox"/>
Football	<input type="checkbox"/>
Golf	<input type="checkbox"/>
Gymnastics (all sorts)	<input type="checkbox"/>
Handball	<input type="checkbox"/>
Health sports, health promotion and primary prevention (e.g., preventing falls for the elderly, cardiovascular sports, etc.)	<input type="checkbox"/>
Hiking	<input type="checkbox"/>
Hockey	<input type="checkbox"/>
Ice hockey	<input type="checkbox"/>
Ice speed skating	<input type="checkbox"/>
Judo	<input type="checkbox"/>
Lifeguard swimming	<input type="checkbox"/>
Motorsports (land)	<input type="checkbox"/>
Motorsports (water)	<input type="checkbox"/>
Rehabilitation/tertiary prevention (e.g., therapeutic programmes, sports programmes for stroke patients, sports programmes for cancer patients, etc.)	<input type="checkbox"/>
Rowing	<input type="checkbox"/>
Sailing	<input type="checkbox"/>
Shooting sports	<input type="checkbox"/>
Skiing alpine	<input type="checkbox"/>
Skiing nordic	<input type="checkbox"/>
Skittles	<input type="checkbox"/>
Sports for disabled/people with chronic diseases	<input type="checkbox"/>
Surfing (incl. Windsurfing, Kite surfing)	<input type="checkbox"/>
Swimming	<input type="checkbox"/>
Table tennis	<input type="checkbox"/>
Tennis	<input type="checkbox"/>
Track and Field	<input type="checkbox"/>
Trend sports (e.g., Slack line, Parkour, Freerunning)	<input type="checkbox"/>
Triathlon	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>

Sports programmes	
Walking/Nordic Walking	<input type="checkbox"/>
Water ski/Wakeboarding	<input type="checkbox"/>
Wrestling	<input type="checkbox"/>
Other, such as: _____	<input type="checkbox"/>
Other, such as: _____	<input type="checkbox"/>
Other, such as: _____	<input type="checkbox"/>

The next section contains questions regarding volunteers and paid staff in your club.

In the following, please give information on the people that work in your club, both on a voluntary basis as well as paid staff. When differentiating between volunteers and paid staff, use the following guidelines:

Volunteers do not receive taxable pay from the club, but they can receive non-taxable remunerations and other club benefits.

Paid staff receives taxable pay from the club.

7. Please fill in below how many volunteers and paid staff work in your club in fixed positions or roles in the areas of administration and management, sport and training, sport and competition, as well as in other areas.

If you cannot give an exact number, please give an approximate number.

Club areas	Number of volunteers in fixed positions	Number of paid staff in fixed positions
Administration and management (e.g. board and committee members, club leaders, etc.)	_____	_____
Sport and training (e.g. coaches, instructors, group- and team leaders, etc.)	_____	_____
Sport and competition (e.g. referees, officials, etc.)	_____	_____
Other tasks (e.g. maintenance, facilities, etc.)	_____	_____

8. How many other volunteers (both members and non-members who do not have fixed positions or roles in the club) have been working for your club in 2014 (e.g. helping with the organisation of sport events, festivals, competitions, parties or the like, solved other practical tasks, etc.)?

If you cannot give an exact number, please give an approximate number.

Number of other volunteers who do not have a fixed position: _____

9. Does your club have a paid manager (in a leading position of the club)?

☐ yes, full time

☐ yes, part time

☐ no

10. Within the last five years, has the number of volunteers and paid staff working for your club increased, decreased or been stable?

	Large decrease (more than 25 %)	Moderate decrease (11-25 %)	Roughly unchanged (+/- 10 %)	Moderate increase (11-25 %)	Large increase (more than 25 %)	Don't know
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. What measures is your club taking to recruit and retain volunteers? Please tick the box if a statement applies to your club.

Initiatives	
The club has a volunteer or paid staff member with specific responsibility for volunteer management	<input type="checkbox"/>
The club has a written strategy for volunteer recruitment	<input type="checkbox"/>
The club mainly recruits through the networks of current volunteers and members	<input type="checkbox"/>
The club tries to recruit volunteers from outside existing club members (e.g. through advertising vacant positions on the webpage, social media profile such as Facebook, or through newspapers)	<input type="checkbox"/>
The club encourages and motivates its volunteers verbally (talking with the volunteers, convincing them to carry on, etc.)	<input type="checkbox"/>
The club rewards its volunteers with benefits in kind (e.g. no payment of membership fee, reduced membership fees, subsidised sport equipment etc.)	<input type="checkbox"/>
The club pays for volunteers to take training or gain qualification (e.g. courses, licences, etc.)	<input type="checkbox"/>
The club arranges parties and social gatherings for the volunteers to strengthen group identity	<input type="checkbox"/>
The club informs members that they are expected to contribute with voluntary work	<input type="checkbox"/>
The club informs parents of children who are members that they are expected to contribute with voluntary work	<input type="checkbox"/>
Other measures, please name: _____	<input type="checkbox"/>
The club does not do anything in particular	<input type="checkbox"/>

12. Please state in how far the following statements represent the opinion of your club's board.

	<i>Totally agree</i>	<i>Agree</i>	<i>Undecided</i>	<i>Don't agree</i>	<i>Don't agree at all</i>
Our club considers members as customers that cannot be expected to contribute with voluntary work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All members can be volunteers regardless of their qualifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our club has a low rate of turnover of volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our club's members demonstrate passion, dedication and energy for the work that needs to be done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our club should be run exclusively by volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next section contains questions on the inclusion of various population groups in your club.

13. How high would you estimate the percentage of your club members belonging to the following population groups?

	0%	1-10%	11-25%	26-50%	51-75%	More than 75%	Don't know
People with disabilities*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with migration background**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elderly (65+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Popup-Windows in the online questionnaire:

* Physically as well as mentally disabled persons

** People that are foreigners or at least one of their parents is a foreigner, or people belonging to an ethnic minority.

14. Does your club have special initiatives (e.g., activities, teams, cooperation, reduced membership fees, etc.) to increase participation among the following population groups (multiple answers possible)?

Population groups	Yes	No
Women, girls	<input type="checkbox"/>	<input type="checkbox"/>
Children and adolescents (until 18 years)	<input type="checkbox"/>	<input type="checkbox"/>
Elderly (aged 65+)	<input type="checkbox"/>	<input type="checkbox"/>
People with disabilities*	<input type="checkbox"/>	<input type="checkbox"/>
People with migration background**	<input type="checkbox"/>	<input type="checkbox"/>
Low income people	<input type="checkbox"/>	<input type="checkbox"/>

Popup-Windows in the online questionnaire:

* Physically as well as mentally disabled persons

** People that are foreigners or at least one of their parents is a foreigner or people belonging to an ethnic minority.

Filter if yes:

15. Please indicate which initiatives your club takes for the different population groups (multiple answers possible).

Population groups (if ticked before)	Targeted sport activities	Special teams for this group only	Cooperation with sport organisations	Cooperation with municipalities /local government	Concessionary membership fee (reduced or funded)	Special efforts to compensate disabled (e.g. specialised equipment or adaptations to buildings)
Women, girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Children & adolescents (until 18 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Elderly (aged 65+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
People with disabilities*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with migration background**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Low income people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Popup-Windows in the online questionnaire:

* Physically as well as mentally disabled persons

** People that are foreigners or at least one of their parents is a foreigner or people belonging to an ethnic minority.

16. Please state in how far the following statements represent the opinion of your club's board.

Our club ...	<i>Totally agree</i>	<i>Agree</i>	<i>Undecided</i>	<i>Don't agree</i>	<i>Don't agree at all</i>
strives to help socially vulnerable groups* become better integrated into our club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
needs to be economically compensated to take responsibility for the inclusion of different population groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tries to offer sports to as many population groups as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is committed to offering health-enhancing physical activity programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feels that our sport discipline(s) is/are suitable as health-enhancing physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Socially vulnerable groups include people with a migration background, ethnic minorities, people with a physical or mental disability, low income groups, etc.

The next section contains questions on the management, finances and problems of your club.

17. Please state in how far the following statements represent the opinion of your club's board.

Our club...	<i>Totally agree</i>	<i>Agree</i>	<i>Undecided</i>	<i>Don't agree</i>	<i>Don't agree at all</i>
aims to involve members when making important decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
delegates decision making from the board to committees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
engages in long-term planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
monitors the degree of implementation of its plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sets high value on companionship and conviviality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sets high value on sporting success and competition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. How serious are certain problems in your club at the moment? If the problem is a very big problem, please indicate whether this problem threatens the existence of your club.

	<i>In our club, this is ...</i>					<i>and the problem threatens the existence</i>
	<i>no problem</i>	<i>a small problem</i>	<i>a medium problem</i>	<i>a big problem</i>	<i>a very big problem</i>	
Recruitment/retention of members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recruitment/retention of volunteers on the board level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recruitment/retention of coaches/instructors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recruitment/retention of referees/officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial situation of the club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of sport facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of laws, orders, directives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demographic change in the region	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local competition from commercial sport providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Does your club possess own sport facilities?

☐ yes

☐ no

20. Does your club use public sport facilities (including school sports facilities)?

☐ yes

☐ no

Filter if yes:

21. Does your club have to pay a fee for the use of public sports facilities (including school sports facilities)?

☐ yes

☐ no

22. Below we would like to ask you for information regarding the financial resources and expenditures of your club in the year 2014.

If you cannot give exact numbers, please give approximate numbers.

What was the total revenue of your club in the year 2014? € _____

What was your club's total expenditure in the year 2014? € _____

23. How big was the revenue share your club received from public funding (e.g. from the state, municipalities, sports organisations, EU) in 2014?

If you cannot give an exact share, please give an approximate share.

_____ %

24. What is the membership fee per month in your club for the following members?

If you cannot give an exact fee, please give an approximate average fee for members belonging to the following age groups:

Children (until 14 years) _____ €/Month

Adolescents (15 to 18 years) _____ €/Month

Adults: _____ €/Month

<i>The End</i>

You have almost reached the end of the questionnaire. We have one last question: Within the project on Social Inclusion and Volunteering in Sports Clubs in Europe, there will also be a survey among club members in springtime of 2016. Would your club be interested in letting the members participate in such a study? In return, you will receive valuable knowledge about the members of your club.

If you are interested, please give an email-address on which we can contact you.

Contact email-address for member survey: _____

You have now reached the end of the questionnaire. Thank you very much for taking part in the sports club survey!

Appendix 3.2: Questionnaire member survey

The first questions are concerned with your connection to the club.

1. How are you connected to the club?

(multiple answers possible)

- (1) ☐ I do sport in the club
- (2) ☐ I do voluntary work in the club on a regular basis (e.g. as a board member, coach/instructor, or the like)
- (3) ☐ I do voluntary work in the club occasionally (e.g. by helping at sport events, driving to matches, or the like)
- (4) ☐ I am in other ways connected to the club (please specify): _____

2. In your life so far, how many years have you been connected to the club (been a member, done sport and/or worked as a volunteer)?

- (1) ☐ Less than 1 year
- (2) ☐ 1 to 2 years
- (3) ☐ 3 to 4 years
- (4) ☐ 5 to 10 years
- (5) ☐ 11 to 20 years
- (6) ☐ More than 20 years

The following questions are concerned with your participation in sport.

[RESPONDENTS WHO DO SPORT IN THE CLUB]

3. Which sport(s) do you practice in the club?

(multiple answers possible)

<Members choose from a list of sports> (adjusted to the activities each club has)

[RESPONDENTS WHO DO SPORT IN THE CLUB]

There can be large differences on how active people are in different sports depending on the season. We are asking you to reply to the following questions as if it was the middle of the season.

4. How often do you usually take part in sport in the club?

- (1) ☐ Less than once a month
- (2) ☐ 1-3 times a month
- (3) ☐ 1 time a week
- (4) ☐ 2 times a week
- (5) ☐ 3 times a week or more

[RESPONDENTS WHO DO SPORT IN THE CLUB]

5. How many others would you estimate are part of the team/group in the club, with whom you most often practice sport?

- (1) ☐ None – I most often practice my sport alone
- (2) ☐ 1 or 2 others
- (3) ☐ 3 to 5 others
- (4) ☐ 6 to 10 others
- (5) ☐ 11 to 20 others
- (6) ☐ More than 20 others
- (9) ☐ Do not know / not relevant

[RESPONDENTS WHO DO SPORT IN THE CLUB]

6. Do you participate in competitive sport in the club (e.g. play matches against other teams and/or participate in tournaments, displays or the like)?

- (1) ☐ Yes
- (2) ☐ No, but I used to
- (3) ☐ No, never

7. In which other settings than the sports club do you practice sport/exercise?

(multiple answers possible)

- (1) ☐ In another sports club (than the one I am answering questions in relation to here)
- (2) ☐ In a privately owned gym/fitness centre
- (3) ☐ At the school or workplace (e.g. in a fitness facility, in exercise breaks, by doing company sport, etc.)
- (4) ☐ In other organised settings
- (5) ☐ I do sport outside of organised settings on my own (e.g. by going for a run or bike ride alone)
- (6) ☐ I do sport outside of organised settings with my friends and/or family (e.g. by going for a run together, playing football in the park, etc.)
- (7) ☐ I only do sport/exercise in the club
- (8) ☐ I do not do sport/exercise at all

The following questions are concerned with voluntary work.

[VOLUNTEERS]

8. Which of the following tasks come closest to describing the work you do in the club?

(multiple answers possible)

- (1) ☐ Coach/instructor
- (2) ☐ Referee/official
- (3) ☐ Other tasks connected to the sports activity (e.g. coaching assistant, team leader, or the like)
- (4) ☐ Board member
- (5) ☐ Member of one or more committee(s)
- (6) ☐ Other forms of club leadership/management (e.g. volunteer coordinator)
- (7) ☐ Funding activities (e.g. getting sponsors, advertising, etc.)
- (8) ☐ Administration, office work, or the like
- (9) ☐ Technical work and services (in the club canteen/restaurant, maintenance of sports facilities and equipment, or the like)
- (10) ☐ Organisation of and/or contribution to club activities, events, tournaments, or the like
- (11) ☐ Communication (website, newsletter, contact with the press, etc.)
- (12) ☐ Driving to matches, events, tournaments or the like
- (13) ☐ Other tasks (please specify): _____

[VOLUNTEERS]

There can be large differences on how active people are in voluntary work depending on the season. We are asking you to reply to the following questions as if it was the middle of the season.

9. How often do you typically do voluntary work in the club?

- (1) ☐ Approximately once a year or less
- (2) ☐ Approximately once every six months
- (3) ☐ Approximately once every quarter
- (4) ☐ Approximately once a month
- (5) ☐ Approximately every other week
- (6) ☐ Approximately once a week
- (7) ☐ 2-4 days a week
- (8) ☐ 5 days a week or more

[VOLUNTEERS]**10. How many hours do you spend on voluntary work in the club?***(if you do not know the exact number of hours, please estimate)*

- a. ____ hours on an average month in the season <regular volunteers: Q8 category 4-8>
b. ____ hours within the last year <incidental volunteers: Q8 category 1-3>

[VOLUNTEERS]**11. To what extent do you agree with the following statements about the work you do as a volunteer in the club?**

	Strongly disagree	Partially disagree	Neutral	Partially agree	Strongly agree	Do not know
The tasks are interesting and challenging	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>
I get fringe benefits (e.g. reduced membership fee)	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>
I get constructive feedback from the club management/board	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>
My problems and concerns as a volunteer are taken seriously	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>
My work as a volunteer is appreciated	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>
I can carry out my work autonomously	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>
I get some payment for my voluntary work	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>
I am informed about major club affairs	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>
Other club members support my work as a volunteer	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>
The club honors me for my voluntary work	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>

[VOLUNTEERS]**12. How satisfied are you with the conditions for volunteers in the club?**

- (1) ☐ Very dissatisfied
(2) ☐ Dissatisfied
(3) ☐ Neither dissatisfied nor satisfied
(4) ☐ Satisfied
(5) ☐ Very satisfied

[VOLUNTEERS]**13. How or through whom did you come to volunteer in the club?**

- (1) ☐ I was approached by the club board
(2) ☐ I put myself forward voluntarily
(3) ☐ I was motivated by other members
(4) ☐ Other (please specify): _____

[NON-VOLUNTEERS]

14. What is/are the main reason(s) you do not volunteer in the club currently?

(multiple answers possible)

- (1) ☐ The club does not have volunteers
- (2) ☐ I am not at all interested
- (3) ☐ I do not know what kind of volunteers the club is looking for and/or where I can sign up
- (4) ☐ I do not feel that I know the other members well enough
- (5) ☐ I do not feel qualified to take on any of the tasks
- (6) ☐ I find the tasks to be too time-consuming
- (7) ☐ I would need to be economically compensated
- (8) ☐ Other reason(s) (please specify): _____

15. Do you do voluntary work outside of the club?

- (1) ☐ Yes
- (2) ☐ No, but I used to
- (3) ☐ No

The following questions concern your participation in and attachment to the club and other members.

16. Did you attend the last annual general meeting in the club?

- (1) ☐ Yes
- (2) ☐ No

17. How often do you use the following possibilities to influence what the club does?

	Never	Once a year or less	Once every half year	Once every three months	Once a month	Several times a month	Do not know / not relevant
I participate in member meetings and/or other club meetings	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(9) <input type="checkbox"/>
I speak my mind to key persons in the club	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(9) <input type="checkbox"/>
I share my views with other members in the club	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(9) <input type="checkbox"/>

18. When have you last attempted to influence decision making in the club (e.g. by speaking at the general assembly, through membership of the board or a committee, by speaking your mind to key persons in the club, or the like)?

- (1) ☐ Within the last month
- (2) ☐ 1-3 months ago
- (3) ☐ 4-6 months ago
- (4) ☐ 7-12 months ago
- (5) ☐ More than 1 year ago
- (6) ☐ I have never attempted to influence decision making in the club

19. How often do you participate in the club's social life?

	Never	Once a year or less	Once every half year	Once every three months	Once a month	Once every two weeks	At least once a week	Do not know / not relevant
I participate in the club's social gatherings (e.g. parties, family days, Christmas dinners, etc.)	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(9) <input type="checkbox"/>
I stay in the club sometime after training, matches, tournaments or the like to talk to other people from the club	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(9) <input type="checkbox"/>
When I am in the club, I talk to other people from the club than those who belong to my team/group	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(9) <input type="checkbox"/>

20. How is your relationship with other members in the club?

	Yes	No	Do not know
Before I joined the club, I already knew one or more people from the club	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(9) <input type="checkbox"/>
I have made new friends through participation in the club	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(9) <input type="checkbox"/>
I socialize with people from the club, which I did not know before joining, outside of the club	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(9) <input type="checkbox"/>

21. How many people from the club would you estimate that you know by name?

- (1) ☐ None
 (2) ☐ 1-2 people
 (3) ☐ 3-5 people
 (4) ☐ 6-10 people
 (5) ☐ 11-20 people
 (6) ☐ 21-50 people
 (7) ☐ More than 50 people

22. To what extent do you agree with the following statements about the club and your attachment to the club?

	Strongly disagree	Partially disagree	Neutral	Partially agree	Strongly agree	Do not know
There is a good atmosphere in the club	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>
I am proud to say that I belong to the club	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>
It is important for me to socialize with other people from the club	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>
The club is one of the most important social groups I belong to	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>
In the club we help and support each other in private matters if necessary	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>

23. To what extent do you agree with the following statements about the club and your attachment to the club?

	Strongly disagree	Partially disagree	Neutral	Partially agree	Strongly agree	Do not know
I understand how the club functions	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>
I know when and how to give my opinion when decisions are made in the club	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>
Other people from the club respect me for who I am	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>
I mainly socialize with people from the club that are similar to me (in terms of gender, ethnicity, employment, etc.)	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>

The last questions are concerned with you, your background and your everyday life.

24. Are you a woman or a man?

- (1) ☐ Woman
(2) ☐ Man

25. How old are you?

___ years

26. What is your current line of work?

- (1) ☐ Student
- (2) ☐ Part time employee
- (3) ☐ Full time employee
- (4) ☐ Self-employed
- (5) ☐ Stay at home mother/father
- (6) ☐ Unemployed
- (7) ☐ Retired/pensioned (including disability pension)
- (8) ☐ Other (please specify): _____

27. What is the highest level of education you have completed?

- (1) ☐ No formal education
- (2) ☐ Primary school
- (3) ☐ Secondary education: technical/vocational type
- (4) ☐ Secondary education: university-preparatory type
- (5) ☐ Short-cycle tertiary education (less than 3 years)
- (6) ☐ Bachelor or equivalent (3-4 years)
- (7) ☐ Master or equivalent (5 years or more)
- (8) ☐ Doctoral or equivalent
- (9) ☐ Other (please specify): _____

28. Who, apart from you, is living in your household?

(multiple answers possible)

- (1) ☐ Partner, husband or wife
- (2) ☐ Child(ren)
- (3) ☐ Parent(s)
- (4) ☐ Other family members
- (5) ☐ Other non-relative(s) like friends, student buddies, etc.
- (6) ☐ Nobody, I live alone

[PEOPLE WITH CHILDREN IN THEIR HOUSEHOLD]

29. How old is the youngest of the children in your household?

___ years

[PEOPLE WITH CHILDREN IN THEIR HOUSEHOLD]

30. Are one or more of the children in your household active in the club?

- (1) ☐ Yes
- (2) ☐ No

31. Do you have any form of disability?

(multiple answers possible)

- (1) ☐ Yes, a physical disability (e.g. mobility impairment, problems in the musculoskeletal system)
- (2) ☐ Yes, a visual impairment
- (3) ☐ Yes, a hearing impairment
- (4) ☐ Yes, a chronic disease (e.g. asthma, diabetes, multiple sclerosis, cardiovascular disease)
- (5) ☐ Yes, an intellectual disability (e.g. Down syndrome, mental disability)
- (6) ☐ Yes, a psychosocial/behavioral problem (e.g. autism, ADHD)
- (7) ☐ No

[PEOPLE WITH AT LEAST ONE DISABILITY]

32. Are any special adjustments necessary for you when participating in sport activities?
(multiple answers possible)

- (1) ☐ Customized sports wheel chair
- (2) ☐ Customized sports material (e.g. bike, racket, ball, underground)
- (3) ☐ Customized sports arm or leg prosthesis
- (4) ☐ Guide dog, service dog
- (5) ☐ Buddy (for people with a visual impairment)
- (6) ☐ Special playing rules
- (7) ☐ Other special adjustments (please specify): _____
- (8) ☐ No

[PEOPLE WITH AT LEAST ONE DISABILITY]

33. How does your disability or health problem restrict you in a sports setting?
(multiple answers possible)

Personal restrictions

- (1) ☐ It is hard for me to find sport activities that suit me
- (2) ☐ I have difficulty breathing, I get tired easily
- (3) ☐ I am dependent on sign language
- (4) ☐ It is difficult for me to concentrate
- (5) ☐ My disability acts very differently depending on the (moment of the) day

Social restrictions

- (6) ☐ It is difficult for me to be around many people at the same time
- (7) ☐ It is difficult for me to be part of a team
- (8) ☐ I do not have a buddy (in case of blind or partially sighted)
- (9) ☐ It is hard to find people with whom I can do sport on an equal footing
- (10) ☐ People have trouble with my disability, they do not accept me, I do not feel welcome

Structural restrictions

- (11) ☐ The special sports material I require (wheelchair, prostheses, etc.) is not available to me
- (12) ☐ Playing rules are not adapted for people with a disability/health problem
- (13) ☐ The staff (at the sports club) are not (adequately) trained to attend to people with a disability or health problem
- (14) ☐ Sport activities (training, matches, etc.) are not (adequately) adapted for people with a disability or health problem
- (15) ☐ The sport facility is not (adequately) adapted for people with a disability or health problem
- (16) ☐ I need to use special transport to the place where I do sport, and transport is difficult
- (17) ☐ Due to my disability or health problem participating in sport activities is expensive
- (18) ☐ Other restriction(s) (please specify): _____
- (19) ☐ I am not in any way restricted in a sports setting

[PEOPLE WITH AT LEAST ONE DISABILITY]

34. Do you practice sport in a group consisting of people with disabilities only or in a group together with people without disabilities?

- (1) ☐ In a group consisting of people with disabilities only
- (2) ☐ In a group together with people without disabilities
- (3) ☐ Both

35. Were you born in [PARTNER COUNTRY]?

- (1) ☐ Yes
- (2) ☐ No, I am born in: (please choose the country) <alphabetic list, roll down menu>

[PEOPLE NOT BORN IN [PARTNER COUNTRY]]

36. In which year did you first come to live in [PARTNER COUNTRY]? (e.g. 1970)

Year ____

37. In which country were your parents born?

Mother

- (1) ☐ [PARTNER COUNTRY]
(2) ☐ Other country: (please choose the country) <alphabetic list, roll down menu>

Father

- (1) ☐ [PARTNER COUNTRY]
(2) ☐ Other country: (please choose the country) <alphabetic list, roll down menu>

38. Would you regard yourself as part of an ethnic and/or cultural minority group in [PARTNER COUNTRY]?

- (1) ☐ Yes
(2) ☐ No
(3) ☐ Do not know / do not want to answer

[PEOPLE WHO REGARD THEMSELVES AS PART OF AN ETHNIC AND/OR CULTURAL MINORITY GROUP]

39. Do you practice sport in a group consisting of people from the same minority group only or in a group together with people from different ethnic and/or cultural backgrounds?

- (1) ☐ In a group consisting of people from the same minority group only
(2) ☐ In a group together with people from different ethnic and/or cultural backgrounds
(3) ☐ Both

40. You have come to the end of this questionnaire. We thank you sincerely for your participation. If you have any further comments to make regarding the activities of our club, please feel free to write them down here (praise, criticism, suggestions for improvement, etc.).

Appendix 4: Further material for manuscript 3 (in original language)

Appendix 4.1: Club questionnaire for officials

SPORT FÜR JUNGE MENSCHEN MIT BEHINDERUNGEN IM VEREIN -- Befragung des Vereinsvorstands --

1. Vereinskultur

Inwiefern sind Menschen mit¹/ohne² Behinderungen eine relevante Zielgruppe in Ihrem Verein?

☐ Völlig unwichtig ☐ Eher unwichtig ☐ Teils-teils ☐ Eher Wichtig ☐ Äusserst Wichtig

Wie wichtig ist das Thema Inklusion im Sinne der Mitgliedschaft und aktiven Teilnahme von Menschen mit Behinderungen für Ihren Verein?

☐ Völlig unwichtig ☐ Eher unwichtig ☐ Teils-teils ☐ Eher wichtig ☐ Äusserst wichtig

Welche Sportangebote sind aus der Sicht Ihres Vereins sinnvoller für Menschen mit Behinderungen und warum?

- ☐ Eigenständige Sportangebote (Mitglieder mit und ohne Behinderungen getrennt)
☐ Gemischte Sportangebote (für Mitglieder mit und ohne Behinderungen)
☐ Beides gleich sinnvoll

Begründung: _____

Wie schätzen Sie die Bereitschaft verschiedener Vereinsgruppen ein, Menschen mit¹/ohne² Behinderungen in bestehende Trainingsgruppen zu integrieren oder ein neues Sportangebot zu schaffen?

Vorstand: ☐ Sehr gering ☐ Gering ☐ Mittel ☐ Gross ☐ Sehr gross

LeiterInnen: ☐ Sehr gering ☐ Gering ☐ Mittel ☐ Gross ☐ Sehr gross

Mitglieder: ☐ Sehr gering ☐ Gering ☐ Mittel ☐ Gross ☐ Sehr gross

¹ Regelsportvereine

² Behindertensportvereine

Wie gross ist der Einfluss von aussen, dass Ihr Verein Angebote für Menschen mit¹/ohne² Behinderungen macht und sich diesen Gruppen öffnet?

PluSport

☐ Sehr gering ☐ Gering ☐ Mittel ☐ Gross ☐ Sehr gross

Weitere Behindertenverbände/-stiftungen

☐ Sehr gering ☐ Gering ☐ Mittel ☐ Gross ☐ Sehr gross

Swiss Olympic

☐ Sehr gering ☐ Gering ☐ Mittel ☐ Gross ☐ Sehr gross

BASPO (Bundesamt für Sport)

☐ Sehr gering ☐ Gering ☐ Mittel ☐ Gross ☐ Sehr gross

Gemeinde/Kanton

☐ Sehr gering ☐ Gering ☐ Mittel ☐ Gross ☐ Sehr gross

Bundesamt für Sozialversicherungen (BSV)

☐ Sehr gering ☐ Gering ☐ Mittel ☐ Gross ☐ Sehr gross

Weitere: _____

☐ Sehr gering ☐ Gering ☐ Mittel ☐ Gross ☐ Sehr gross

Geben Sie bitte an, inwieweit die folgenden Aussagen die Mehrheits-Meinung des Vorstands Ihres Vereins widerspiegeln.

Skala: trifft voll zu, trifft eher zu, teils-teils, trifft weniger zu, trifft gar nicht zu

Unser Verein legt grossen Wert auf Gemeinschaft und Geselligkeit.

Die Sportangebote sind breiten- und freizeitsportlich ausgerichtet.

Unser Verein bietet Gesundheits-, Präventions-, und Rehabilitationssport an.

Unser Verein legt grossen Wert auf sportlichen Erfolg, Leistung und Wettkampf.

Integration/Inklusion von Menschen mit¹/ohne² Behinderungen ist ein Vereinsziel.

Gibt es weitere Vereinsziele? Nennen Sie bitte ggf. bis zu drei weitere Ziele:

2. Vereinsstruktur

Allgemeine Merkmale

In welchem Jahr wurde Ihr Verein gegründet?

¹ Regelsportvereine

² Behindertensportvereine

Mitgliederstruktur

	Wie viele Mitglieder hat ihr Verein aktuell?	Wie viele Mitglieder davon haben eine Behinderung?
Insgesamt		
Männlich		
Weiblich		
Alter: bis 14 Jahre		
Alter: 15-24 Jahre		
Alter: 25-44 Jahre		
Alter: 45-54 Jahre		
Alter: 55-64 Jahre		
Alter: über 65 Jahre		

Welche Behinderungsformen haben die Mitglieder mit Behinderungen?

(Mehrfachnennungen möglich)

- ☐ Behinderungen des Sehvermögens
☐ Behinderungen des Hörvermögens
☐ Behinderungen des Sprach-, Stimm- und Sprechvermögens
☐ Körperliche Behinderungen (z.B. eingeschränkte Mobilität durch Querschnittslähmung)
☐ Lernbehinderungen
☐ Geistige Behinderungen (z.B. Down-Syndrom)
☐ Psychische Behinderungen/Verhaltensauffälligkeiten (z.B. Autismus, ADHS)
☐ Mehrfachbehinderung
☐ Weitere: _____

Wie zufrieden sind Sie mit der Mitgliederentwicklung bezogen auf Mitglieder mit Behinderungen?

- ☐ Sehr unzufrieden ☐ Unzufrieden ☐ Teils-teils ☐ Zufrieden ☐ Sehr zufrieden
☐ Nicht relevant

Gibt es Probleme zwischen Mitgliedern mit und ohne Behinderungen?

- ☐ Ja ☐ Nein

Wenn ja, welche? _____

Wie geht der Vereinsvorstand mit diesen Problemen um? _____

Angebotsstruktur

Welche Sportarten/-angebote bietet Ihr Verein an?

(Mehrfachnennungen möglich)

- ☐ Fussball
- ☐ Klettern
- ☐ Leichtathletik
- ☐ Raftball
- ☐ Schwimmen
- ☐ Torball
- ☐ Unihockey
- ☐ Tanzen
- ☐ Turnen
- ☐ Weitere Sportaktivitäten: _____

Bei welchen dieser Sportarten/-angebote nehmen auch Mitglieder mit¹/ohne² Behinderungen teil?

(Mehrfachnennungen möglich)

- ☐ Fussball
- ☐ Klettern
- ☐ Leichtathletik
- ☐ Raftball
- ☐ Schwimmen
- ☐ Torball
- ☐ Unihockey
- ☐ Tanzen
- ☐ Turnen
- ☐ Weitere Sportaktivitäten: _____

Wie viele Trainingsgruppen gibt es in Ihrem Verein? In wie vielen dieser Gruppen nehmen auch Mitglieder mit¹/ohne² Behinderungen teil?

Insgesamt _____ Trainingsgruppen, davon nehmen in _____ Trainingsgruppen Menschen mit¹/ohne² Behinderungen teil.

Gibt es spezifische Angebote und/oder Gruppen für Mitglieder mit¹/ohne² Behinderungen in Ihrem Verein?

☐ Ja ☐ Nein

Wenn ja, welche? _____

Wie gross ist die Nachfrage nach Angeboten für Menschen mit¹/ohne² Behinderungen in Ihrem Verein?

☐ Sehr gering ☐ Gering ☐ Mittel ☐ Gross ☐ Sehr gross

Wie hoch schätzen Sie generell den Bedarf an Sportangeboten für Menschen mit Behinderungen im Einzugsgebiet Ihres Vereins ein?

☐ Sehr gering ☐ Gering ☐ Mittel ☐ Gross ☐ Sehr gross

¹ Regelsportvereine

² Behindertensportvereine

Wie hoch schätzen Sie den Bedarf an gemeinsamen Sportangeboten (d.h. für Menschen mit und ohne Behinderungen) im Einzugsgebiet Ihres Vereins ein?

☐ Sehr gering ☐ Gering ☐ Mittel ☐ Gross ☐ Sehr gross

Bietet Ihr Verein aussersportliche Aktivitäten (z.B. Feste, Ausfahrten etc.) für Mitglieder mit Behinderungen an?

☐ Ja ☐ Nein

Wenn ja, welche? _____

Wie häufig werden diese Angebote genutzt?

☐ Sehr selten ☐ Selten ☐ Mittel ☐ Häufig ☐ Sehr häufig

Personalstruktur

Geben Sie bitte an (bzw. schätzen Sie), wie viele Personen in den genannten Bereichen jeweils ehrenamtlich und hauptamtlich tätig sind:

	Anzahl Ehrenamtliche mit festen Aufgaben (davon Menschen mit Behinderungen)	Hauptamtliche (davon Menschen mit Behinderungen)
Verwaltung und Geschäftsführung (z.B. Vorstand, Kommissionsmitglied, Funktionärstätigkeit)	_____ (_____)	_____ (_____)
Trainingsbereich (z.B. Trainer, Übungsleiter, Mannschaftsführer)	_____ (_____)	_____ (_____)
Wettkampfbereich (z.B. Schieds-, KampfrichterIn)	_____ (_____)	_____ (_____)
Andere Aufgaben (z.B. Pflege, Wartung, Fahrdienst)	_____ (_____)	_____ (_____)

Wie viele LeiterInnen stehen Ihrem Verein für Sportangebote für Menschen mit Behinderungen zur Verfügung?

_____ Leiter

_____ Leiterinnen

Verfügen die LeiterInnen über spezifische Qualifikation und Wissen für den Umgang mit TeilnehmerInnen mit Behinderungen?

☐ Ja ☐ Nein

Wenn ja, bitte nennen/näher beschreiben: _____

Wie hoch schätzen Sie den zukünftigen Bedarf an LeiterInnen zur Durchführung ihrer Vereinsangebote für Menschen mit Behinderungen ein?

☐ Sehr gering ☐ Gering ☐ Mittel ☐ Gross ☐ Sehr gross

Sind Mitglieder mit Behinderungen in Vereinsentscheidungen involviert?

☐ Ja ☐ Nein

Wenn ja, in welche (z.B. Wahl des Vorstands) und wie (z.B. Mitgliederversammlung)?

Wenn nein, warum sind sie nicht beteiligt? _____

Finanzen, Infrastruktur und Prozesskapazität

Führt Ihr Verein spezielle Massnahmen zur Gewinnung und Bindung von Menschen mit Behinderungen durch?

☐ Ja ☐ Nein

Wenn ja, welche? (Mehrfachnennungen möglich)

☐ Gezielte Sportangebote für Menschen mit¹/ohne² Behinderungen

☐ Spezielle Gruppen nur für Menschen mit¹/ohne² Behinderungen

☐ Kooperation mit anderen Organisationen (Wenn ja, bitte nennen)

☐ Kooperation mit Gemeinden/lokaler Regierung

Wenn ja, bitte nennen: _____

☐ Kooperation mit Vereinen und Verbänden

Wenn ja, bitte nennen: _____

☐ Spezielle Bemühungen und Unterstützungen, um Behinderungen zu kompensieren

Wenn ja, in welcher Form? _____

☐ Weitere: _____

Wenn nein, warum werden keine Massnahmen zur Gewinnung und Bindung von Menschen durchgeführt? _____

Erhalten Mitglieder mit Behinderungen in Ihrem Verein Vergünstigungen und/oder spezifische Unterstützungen (z.B. Reduktion Mitgliedsbeitrag, Zuschuss Transport, Zuschuss Sportkleidung etc.)?

☐ Ja ☐ Nein

Wenn ja, welche? _____

Erhält Ihr Verein spezifische Beiträge und Fördergelder für Mitglieder mit Behinderungen?

☐ Ja ☐ Nein

Wenn ja, durch wen (z.B. Behindertenstiftungen, -verbände)? _____

Stehen Ihrem Verein ausreichend finanzielle Ressourcen für Vereinsangebote für Mitglieder mit Behinderungen bereit?

☐ Ja ☐ Nein

Sind die Sportstätten (und das Vereinsgelände) barrierefrei?

☐ Ja ☐ Nein

Ist der Zugang zum Vereinsgelände barrierefrei?

☐ Ja ☐ Nein

Verfügt Ihr Verein über ausreichend und behinderungsspezifische Sportgeräte und -materialien?

☐ Ja ☐ Nein

Hat Ihr Sportverein eine Kontaktperson, die Menschen mit Behinderungen gezielt ansprechen können? ☐ Ja ☐ Nein

Wichtige Vereinsinformationen sind für alle zugänglich und verständlich.

Skala: trifft voll zu, trifft eher zu, teils-teils, trifft weniger zu, trifft gar nicht zu

Kooperationen und Support

Welche externen Kooperationen hat Ihr Verein für Vereinsangebote für Mitglieder mit Behinderungen? Welche Ziele verfolgt ihr Verein mit diesen Kooperationen (z.B. Mitgliedergewinnung, Fahrdienste, finanzielle Unterstützung)? (Mehrfachnennungen möglich)

Kooperationen/Partnerschaften	Bedeutung/Nutzen
<input type="checkbox"/> Schule	
<input type="checkbox"/> Andere Sportvereine	
<input type="checkbox"/> Gemeinde, Kanton	
<input type="checkbox"/> PluSport	
<input type="checkbox"/> Swiss Olympic	
<input type="checkbox"/> Special Olympics Switzerland	
<input type="checkbox"/> Swiss Paralympic	
<input type="checkbox"/> Procap	
<input type="checkbox"/> Rollstuhlsport Schweiz (Schweizer Paraplegiker-Vereinigung)	
<input type="checkbox"/> Bundesamt für Sozialversicherungen	
<input type="checkbox"/> Andere Behindertenorganisationen: _____	
<input type="checkbox"/> Weitere: _____	

Erhält Ihr Verein externe Unterstützungs- und Förderungsleistungen für Ihre Mitglieder mit Behinderungen?

☐ Ja ☐ Nein

Wenn ja, durch wen (z.B. PluSport) und in welcher Form (z.B. Geld, Material)? _____

Wie zufrieden sind Sie mit der Vereinsentwicklung im Hinblick auf Ihre Mitglieder mit Behinderungen?

☐ Sehr unzufrieden ☐ Unzufrieden ☐ Teils-teils ☐ Zufrieden ☐ Sehr zufrieden

Was würden Sie im Zusammenhang mit der bisherigen Entwicklung als besonders positiv bezeichnen?

Was betrachten Sie im Zusammenhang mit der bisherigen Entwicklung als Schwierigkeiten und Herausforderungen?

Sie sind nun am Ende der Befragung angelangt.

Wenn Sie Anmerkungen und Ergänzungen zur Befragung haben, können Sie diese gerne hier nennen.

Appendix 4.2: Observation protocol and interview guide for interviews with coaches

<<VEREINSNAME>> (Trainer: NAME)

Besuch der Trainingsgruppe: Beobachtung und Interview (Gruppenebene)

I Allgemeine Angaben zur Gruppe vor Interview per Email einholen

Teilnehmende

- Anzahl Teilnehmende (Alter, Geschlecht, Behinderung ja/nein)
- Behinderungsform und –grad
- Behinderung von Geburt an oder im Lebensverlauf

Gruppe

- Seit wann besteht die Trainingsgruppe
- Ziele/Ausrichtung des Trainings (Breitensport, Leistungs-/Wettkampfsport)
- Leistungsniveau der Gruppe (Einsteiger, Fortgeschrittene, Leistungssportler)
- Wie oft findet das Training statt?
- Wo findet das Training statt, welche Sportstätten werden für Sommer/Winter genutzt?
- Was sind die Trainingsinhalte (z.B. Sportarten, Spiele, Technik/Taktik etc.) bzw. was wird im Training alles gemacht?
- Anzahl LeiterInnen und HilfsleiterInnen
- Bitte um Zusendung von Vereinsdokumenten bezüglich Inklusion (wenn vorhanden)

II Beobachtungsraster

Soziale Interaktion

- Interaktion zwischen den Teilnehmenden bzw. zwischen Teilnehmenden mit und ohne Behinderung (Hilfestellungen, Unterstützung untereinander, Freundschaften)
- Interaktion zwischen Teilnehmenden und TrainerIn (z.B. Ansprache, Anweisungen für Aufgaben und deren Umsetzung der Sportler; Hilfestellungen während der Aufgabe)

Durchführung Training

- Struktur des Trainings (Aufwärmen, Hauptteil, Cool-down / Ablauf, Rituale)
- Welche Inhalte, Übungen, Spiele etc.
- Rolle und Funktion von Haupt- und Hilfstrainern
- Wie gestaltet der/die TrainerIn das Training (Erklären, Vormachen, Feedback)
- Umgang/Eingehen auf Teilnehmende mit/ohne Behinderungen (wie, Zeit)
- Eingebundenheit (z.B. beim Auf- und Abbau für das Trainingsprogramm, Übungen, Spiele etc.)

Besonderheiten Sportausübung Teilnehmende mit Behinderungen

- Spezifität des Trainings: Unterschiede hinsichtlich der motorischen Fähigkeiten/Fertigkeiten (z.B. hinsichtlich der Leistung oder der Ausführung von Übungsformen)
- Spezifische Anpassungen im Training insgesamt/für einzelne Sportler mit Behinderungen

Barrierefreiheit Infrastruktur (Halle, Sportplatz)

Anwesenheit von Eltern/Freunden (Rolle, Funktion von Begleitpersonen)

III Interviewleitfaden

A. Gruppenebene

Zugang/-einbindung der Athleten mit und ohne Behinderungen in Gruppe und Verein

- Fragen zum TrainerIn (Alter, seit wann Leitung/Gruppe, Bezug zu Behinderten / zum Behindertensport)
- kurz erzählen, wie Gruppe entstanden ist bzw. wie Trainer zur Gruppe kam
→ Wann (Zeit), warum und durch wen (z.B. Eigeninitiative, Unterstützung, Druck) kamen die Teilnehmenden mit¹/ohne² Behinderungen in die Gruppe?
- Woher kommen/wohnen die Kinder (Zentren/Heime, zu Hause), Schule/Ausbildung
→ Kooperation mit Schule/Zentren (→ ggf. dann Frage Massnahmen zur Bindung)
- Kommen die Teilnehmenden regelmässig ins Training? Gibt es viele Neuzugänge und Abgänge?
Wie lange sind Teilnehmenden schon in der Gruppe?
- Wie verlief die Einbindung/Aufnahme in die Gruppe bei Neuzugängen?
Wie verlief die Einbindung aus Sicht der anderen Teilnehmenden, die bereits in der Gruppe waren? (bei gemischten Gruppen: Wie verlief die Einbindung aus Sicht der Teilnehmenden mit Behinderungen und aus Sicht der Teilnehmenden ohne Behinderungen?)
- (nur bei PluSport-Gruppe) Dürfen auch Teilnehmende ohne Behinderung in der Gruppe teilnehmen?
- Machen Sie spezifische Massnahmen, um die SportlerInnen längerfristig an Ihre Gruppe bzw. den Verein zu binden, wenn ja welche? (sind die Teilnehmenden auch in anderen Gruppen dabei?)
- Wie ist die Interaktion/Umgang zwischen den Teilnehmenden untereinander? (z.B. Treffen/Kontakt auch nach Training, ausserhalb vom Verein) Kennen die Teilnehmenden sich schon vorher oder erst durch die Gruppe?
- Wie sind die Teilnehmenden in den Verein eingebettet? (z.B. gehen sie auf Vereinsanlässe/-feste, übernehmen sie auch ehrenamtliche Vereinstätigkeiten wie Trainingsassistenten, Jugendsprecher, Helfer bei Vereinsfesten)
- Wie ist die Interaktion/Umgang zwischen Ihnen und den Teilnehmenden (z.B. Treffen auch ausserhalb Training: Vereinsanlässe, in Freizeit)?
- Inwiefern sind Sie Anlaufstelle für private Sorgen und Probleme der Teilnehmenden?

Trainingsgestaltung

- Was ist besonders/speziell bei der Planung und Durchführung des Trainings für diese Gruppe?
- Was sind Herausforderungen und Probleme bei der Planung und Durchführung der Trainings?

¹ Regelsportvereine

² Behindertensportvereine

- Inwiefern würde sich ihr jetziges Training von einem Training nur für nichtbehinderte Teilnehmenden unterscheiden?
- Ist spezifisches Wissen und/oder Erfahrung bezüglich Behindertensport für die Durchführung des Trainings notwendig?
Woher haben Sie ihr Wissen? (z.B. Lehrmaterial, Internet, Gespräche mit anderen Trainern)
- Inwieweit sind die Bedürfnisse, Voraussetzungen und Wünsche der Teilnehmenden bei der Planung/Durchführung des Trainings zu berücksichtigen?
(ggf. nachfragen wer hat sich angepasst (Teilnehmende an Training ⇔ TrainerIn an Teilnehmende)?
- Wie zufrieden sind Sie mit den Ressourcen für Ihr Training
 - Hilfspersonal zur Unterstützung
 - finanzielle Unterstützung
 - Verfügbarkeit und barrierefreier Zugang zur Sportinfrastruktur
 - Verfügbarkeit behindertengerechter Sportgeräte/-materialien
- (Fragen zu Trainer/innen (Anzahl Haupt/Hilfs-Trainer, Alter, seit wann, Ausbildung/Lizenz, Entlohnung)

Unterstützungsleistungen, Kooperationen und Informationsaustausch

- Gibt es spezielle Unterstützungsleistungen für die Teilnehmende mit Behinderungen im und ausserhalb vom Verein (z.B. spezifisches Material, Fahrdienste, vergünstigter Mitgliedsbeitrag)?
- Welche Rolle spielen die Eltern/Betreuer? Inwieweit sind die Eltern der Teilnehmende mit Behinderungen in Training/Vereinsmitgliedschaft eingebunden (z.B. Begleitung/Hilfsassistenz in Training und Wettkampf, Fahrdienste, Helfer),
- Inwiefern bestehen Kooperationen für diese Gruppe (z.B. Zentren, Schulen, andere Behindertenverbände, PluSport) und inwiefern erhalten Sie spezifische Unterstützung von diesen? (z.B. Geld, Transport, Werbung/, Wissen/Lehrmaterialien).
Besteht regelmässiger Kontakt und Informationsaustausch mit Ihnen?

B. Vereinsebene (aus Perspektive LeiterIn)

Angebotsstruktur

- Gibt es weitere Sportangebote/-gruppen für Mitglieder mit/ohne Behinderungen in Ihrem Verein? (ggf. auch nichtsportliche Vereinsanlässe)
- Wie schätzen Sie generell den Bedarf an Sportangeboten für Menschen mit Behinderungen im Einzugsgebiet Ihres Vereins ein?
- Ist Inklusion, also das gemeinsame Sporttreiben von Mitgliedern mit und ohne Behinderungen, ein Thema in Ihrem Verein?
- Wie schätzen sie die generelle Bereitschaft anderer LeiterInnen ein, Menschen mit/ohne Behinderungen in ihre jeweiligen Trainingsgruppe zu integrieren bzw. ein neues Sportangebot zu schaffen?

C. Abschlussfragen: Förderliche/Hinderliche Faktoren

- Was sind die Vor- und Nachteile einer reinen Behindertensportgruppe und einer gemischten Gruppe?
- Angenommen ein Trainerkollege möchte ebenfalls ein Behindertensportgruppe leiten bzw. Teilnehmende mit B. in sein Training aufnehmen, welche Empfehlungen würden Sie ihm aufgrund Ihren Erfahrungen geben?
Auf was müsste ihr Kollege besonders achten? Was sind Aspekte, damit es gelingt?
Welche Aspekte/Probleme müsste er versuchen, zu vermeiden?
- Abschliessend, wie ist Ihre generelle Zufriedenheit mit dem Training und welche Wünsche hätten sie für Ihr Training? (von Eltern, Trainerkollegen, Vereinsvorstand, Verband etc.)

Ausblick: weiteres Vorgehen

- Transkription des Interviews
- Befragung Vereinsvorstand (Empfehlung Vorstandsperson?)
- Präsentation der Ergebnisse an Workshop März 2017 (Einladung folgt dann)¹

¹ Further information regarding the observation and interview data can be attained from the author.

Appendix 4.3: Interview guide for group discussions of case studies

Vertiefende Fallstudien: Qualitative problemzentrierte Fokusgruppeninterviews mit SportlerInnen mit (und ohne) Behinderungen (in 3er-Gruppen)

Nur gemischte (integrative/inklusive) Trainingsgruppen

- Torball Glarus: 2 3er-Gruppen mit je einer Pers. mit Sehbehinderung
- LV Winterthur: 2 junge Erwachsene mit Seh- bzw. körperlicher Behinderung
- FC Thun: 2 3er-Gruppen mit Kindern/Jugendlichen mit geistiger Behinderung

Interviewleitfaden

Bindung und Gewinnung von Mitgliedern (mit Behinderungen)

Infos

- Kurze Vorstellung Person und Projekt; Info über Ablauf des Interviews; Name (wird in unseren Daten dann aber als Pseudonym unter anderem Namen verwendet) und Alter der TN erfragen

Einstiegsfragen

- Wie wichtig ist Sport für euch? Warum?
- Was für Sport macht ihr gerne?
- Wo, wann und wie oft macht ihr Sport?

Ablauf Vereinsaufnahme und –einbindung

- Wie/Worüber haben ihr den Weg in den Verein gefunden (z.B. Schule, andere Institution, Eigeninitiative)?
- Was ist wichtig für den Vereinseinstieg (z.B. Netzwerke/Kooperationen; was würde ihn erleichtern/erschweren)?
- Nehmt ihr an weiteren Angeboten im Verein ausser dem Training teil? Wenn ja, welche und wie oft?

Zufriedenheit und Wünsche mit Sport- und Vereinsangeboten für Mitglieder/Teilnehmer mit Behinderungen

- Wie zufrieden seid ihr mit dem Training (Inhalte, Ablauf, Trainer)?
- Was gefällt euch besonders gut? Warum geht ihr ins Training? Was lernt ihr im Training?
- Was könnte verbessert werden? Was stört euch im Training?
- Wie zufrieden seid ihr mit den Angeboten im Verein generell?
- Was gefällt euch besonders gut? Woran nehmt ihr gerne teil? Was lernt ihr im Vereinsalltag?
- Was könnte verbessert werden? Was stört euch am Vereinsalltag?

Soziale Integration (Esser, 2009)

Kulturation: Erwerb von Wissen, Fertigkeiten

- Kennt ihr die Regeln und Gewohnheiten des Vereins?
- Verhaltet ihr euch gemäss den (geschriebenen und ungeschriebenen) Regeln des Vereins?
- Wisst ihr, wie ihr Entscheidungen im Verein beeinflussen könnt? Gibt es eine Person, an die ihr euch wenden könnt (z.B. Jugendsprecher)?
- Müsst ihr häufig (bei Kollegen) nachfragen, weil ihr gewisse Abläufe im Verein nicht versteht?
- Nehmt ihr lieber an Anlässen des Vereins (z.B. Ausflüge, Feste, Ehrungen) als an anderen Freizeiterminen teil?

Platzierung: Erwerb von Rechten; Übernahme von Positionen, Pflichten

- Seid ihr neben dem Training im Verein tätig (z.B. Materialwart, Kraftraumverantwortlicher) oder wurdet ihr für eine solche Aufgabe angefragt/vorgeschlagen?
- Seid ihr bei Abstimmungen an der Hauptversammlung/Generalversammlung dabei?
- Interessiert ihr euch für das, was die Vereinsführung plant und macht?
- Diskutiert ihr mit anderen Mitgliedern/Teilnehmern über Vereinsangelegenheiten?
- Bringt ihr euch mit eigenen Ideen aktiv in die Vereinsarbeit ein?
- Zahlt ihr/eure Eltern für euch einen Mitgliedsbeitrag im Verein?
- Habt ihr die Möglichkeit, Aus- oder Weiterbildungen im oder über den Verein zu besuchen?

Interaktion: soziale Beziehungen, Netzwerke

- Konntet ihr neue Freundschaften in der Trainingsgruppe und im Verein knüpfen? Wenn ja, mit wem? Oder fällt es euch schwer, Freunde im Verein zu finden?
- Habt ihr auch oft ausserhalb des Vereins Kontakt mit TrainingskollegInnen? Wie häufig und wodurch haltet ihr Kontakt (z.B. Telefon, Email, SMS, WhatsApp)?
- Wie beurteilt ihr eure Beziehungen zu anderen Vereinsmitgliedern generell? Habt ihr häufig Konflikte/Streit mit anderen Mitgliedern?
- Fühlt ihr euch von anderen Mitgliedern respektiert und wertgeschätzt?
- Würde eure Abwesenheit jemandem im Verein auffallen? Wer würde euch vermissen?
- Werdet ihr zum Sport machen unterstützt? Wenn ja, durch wen (z.B. Familie, Freunde, Vereinskollegen, BetreuerIn)?

Identifikation: „Loyalität“, emotionale Zuwendung zum betreffenden sozialen System

- Seid ihr stolz zum Verein dazu zu gehören?
- Fühlt ihr euch mit dem Verein eng verbunden?
- Wie wichtig ist der Verein für euch?
- Tragt ihr gerne die Vereinskleidung?
- Gibt es Situationen in denen ihr euch nicht zugehörig – sondern als Aussenseiter – fühlt?
- Was ist besonders an eurem Verein¹

¹ Further information regarding the interview data can be attained from the author.

Appendix 4.4: Exemplary code plan for the deductive category application to analyze group discussions

Überthemen	Kategorien	Ankerbeispiele	Kodierregeln
1 Hintergrundinfo SportlerInnen/Sportbiographie	1.1 Angaben zu Personen	„Ich heiße Fatima und ich bin 13 Jahre alt.“ (participant 1, line 1)	Allgemeine Informationen zu den InterviewpartnerInnen und deren Sportbiographie
	1.2 Sportwichtigkeit und Gründe dazu	„Für mich ist Sport wichtig, weil ich bin auch selber in einem Verein.“ (6, 4-5)	
	1.3 Sportliche Vorlieben, betriebene Sportarten	«Ja, Basketball. Ich habe alles gerne.“ (1, 67)	
	1.4 Sporttreiben – wo, wann, Häufigkeit, wie	„Ich gehe eben, wie ich gesagt habe, noch in einen anderen Verein spielen, jeden Montag und Mittwoch.“ (6, 36-37)	1.4: z.B. informeller vs. organisierter Sport
2 Ablauf Vereinsaufnahme und -einbindung	2.1 Gruppenzugang	„Ja, über unsere liebe Lehrerin, Marion.“ (1, 145)	2.1: z.B. durch Eigeninitiative oder Betreuungsperson
	2.2 Wichtiges, erleichterndes und erschwerendes für den Vereinseinstieg	„Sicher wichtig war das Umfeld, Also mir hat dazumal ein guter Kollege und mein bester Kollege hat auch angefangen Leichtathletik zu machen, gleichzeitig wie ich. Er ist aus demselben Dorf und wir gingen ewig lange zusammen in die Schule. Das hat es dann einfacher gemacht, das wir auch zusammen hinfahren konnten und zusammen hierherkommen.“ (8, 57-61)	2.2: z.B. soziale Unterstützung, nicht-barrierefreie Sportinfrastruktur
	2.3 Teilnahme an weiteren Vereinsangeboten	„Manchmal, wenn sie Thun Match haben, einlaufen.“ (6, 86)	2.3: z.B. in einer anderen Trainingsgruppe

3 Zufriedenheit und Wünsche mit Sport- und Vereinsangeboten für MitgliederInnen/TeilnehmerInnen (mit Behinderungen)	3.1 Trainingszufriedenheit 3.2 Höhepunkte, Motivation und Lernen im Training 3.3 Verbesserungsmöglichkeiten, Probleme im Training, mit TrainerIn 3.4 Angebotszufriedenheit 3.5 Höhepunkte, Motivation und Lernen im Verein 3.6 Verbesserungsmöglichkeiten, Probleme im Verein	<i>„Es gefällt mir alles.“ (2, 245)</i> <i>„Wir machen auch viel Dinge, zum Beispiel spielen, üben, aufwärmen, Schüsse aufs Tor üben, Penaltys und so, ja.“ (6, 132-133)</i> <i>„Ja von uns ein bisschen mehr Einsatz, jedenfalls von mir.“ (6, 188)</i> <i>„Toll, sehr toll.“ (6, 213)</i> <i>„Ja genau das Kennenlernen, die Spieler kennenlernen, die Lehrer und alle zusammen.“ (6, 222)</i> <i>„Der Nachteil ist, dass man budgetmässig nicht auf demselben Niveau ist, was Material und Infrastruktur der Trainingsanlagen angeht. Also das merken wir, wir sind am Donnerstag jeweils zusammen in Zürich am Trainieren, ..., und ja man merkt schon etwas den Unterschied.“ (8, 336-339)</i>	3.1-3.3: Hier geht es um das Training in der Trainingsgruppe. 3.4-3.6: Hier geht es um allgemeine Angebote des Vereins zusätzlich zum Training in der Trainingsgruppe.
Dimensionen	Kategorien	Ankerbeispiele	Kodierregeln
4 Kulturation	4.1 Kenntnis von Werten/Gepflogenheiten der Trainingsgruppe/des Vereins 4.2 Regel- und normentsprechendes Verhalten 4.3 Verständnis von Vereinsabläufen	<i>„Ja, zum Beispiel ... müssen wir nicht beleidigen, weil das nützt gar nichts, hat der Trainer gesagt.“ (1, 279-280)</i> <i>„Ja, wir halten die Regeln eigentlich ein. Aber manchmal ist es schwierig. Wenn die anderen doof tun, muss man sagen hör auf, wir sind hier am Trainieren. Da muss man schon darauf achten.“ (6, 248-249)</i> <i>„Ist eigentlich immer alles recht nachvollziehbar. Und ansonsten besteht immer die Möglichkeit, anzufragen. Ob persönlich jetzt hier beim Training, ... oder über den Chat, ... wo wir die anderen mit dran</i>	4.1-4.2: Hier geht es sowohl um die Trainingsgruppe als auch um den Verein. 4.3-4.4 Hier geht es um die Vereinsebene.

	4.4 Entscheidungsbeeinflussung, Anlaufstelle im Verein	<p><i>teilhaben lassen. Oder sonst kann man auch mal so anrufen. (10, 329-332)</i></p> <p><i>„Da haben wir eigentlich noch nie etwas gehabt, das wissen wir daher nicht. Und wir gingen auch noch nie etwas sagen, das uns nicht gepasst hätte. Von dem her kann ich das nicht genau sagen.“ (6, 272-273)</i></p>	
5 Interaktion	5.1 Knüpfen und Erhalten von Freundschaften	<i>„Ja auf jeden Fall neue Freundschaften, in der Sprintgruppe kennt man sich, wenn man sich drei vier Mal in der Woche sieht, dann gezwungenermassen. Ja, also auf alle Fälle, auch weil es ein etwas kleinerer Verein ist auch ausserhalb der Gruppe.“ (7, 802-804)</i>	
	5.2 Kontakte ausserhalb des Vereins	<i>„Nein, ehrlich gesagt nicht. Manchmal gibt es einen Zufall, dass man jemanden sieht. Aber eigentlich nicht. Sonst nicht.“ (6, 419-420)</i>	5.2: Bestehen Kontakte zu TrainingskollegInnen auch über den Verein hinaus?
	5.3 Kontakt mit Mitgliedern ausserhalb der Trainingsgruppe	<i>„Ich finde einfach das soziale ziemlich cool, dass ... man auch mit Leuten aus verschiedenen Trainingsgruppen den Kontakt hat. Ja, dass einen die Leute halt kennen hier auf dem Platz. Also wenn man ein grösserer Verein ist, dann macht halt jeder sein Ding und hier ist es so, dass man miteinander spricht auch mit Leuten anderen Trainingsgruppen. (8, 115-123)</i>	5.3: Bestehen Kontakte zu Mitgliedern aus anderen Trainingsgruppen?
	5.4 Qualität der Beziehungen zu Vereinsmitgliedern	<i>„Eben Nimko und die Jungs, manchmal gibt es Streit, wegen den Regeln.“ (1, 298)</i>	5.4: Gibt es Konflikte und wie wird damit umgegangen?
	5.5 Respekt und Wertschätzung untereinander	<i>„Ja, wir fragen auch mal jemanden, hey hilfst du zusammen Pässe spielen und so.“ (6, 437)</i>	
	5.6 Auffälligkeit von Abwesenheit	<i>„Das ist jetzt eigentlich noch nie vorgekommen. Aber es könnte sein, dass man mal jemanden vermisst, wenn es ein guter Spieler ist zum Beispiel.“ (6, 444-445)</i>	

	5.7 Soziale Unterstützung zum Sport	<i>„Also meine Eltern spielen eben selber“ (12, 821)</i>	5.7: Der Fokus liegt hier auf der sozialen Unterstützung innerhalb des Vereins und der Trainingsgruppe
	5.8 Interaktion mit TrainerInnen	<i>„Gut finde ich, dass wir alle gleich trainiert werden und er [Trainer] nicht sagt du kannst mal eine Pause mehr machen als die anderen oder so. Ich muss genau so hart trainieren, das finde ich gut, sehr positiv.“ (7, 309-311)</i>	5.8: aus Sicht der Teilnehmenden
6 Identifikation	6.1 Vereinsstolz	<i>„Ja, definitiv ja. Eben es ist sehr ein familiärer Verein, auch ein leistungsstarker Verein, obwohl er klein ist haben wir doch ein paar Topathleten und also ich bin auf alle Fälle stolz, dass ich hier im Verein bin.“ (7, 944-946)</i>	
	6.2 Verbundenheit zum Verein	<i>„Also mir steht der Verein so sehr, also eigentlich ziemlich nah. Wenn ich jetzt vergleiche mit dem Montag, wo ich turnen gehe, dort fühle ich mich auch wohl, aber der ist mir weniger nah. Also das ist für mich wie ein, die Torballer, die sind für mich wie eine, so eine erweiterte Familie.“ (9, 537-539)</i>	6.2: emotionale Nähe zum Verein
	6.3 Wichtigkeit des Vereins	<i>„Ja ist sehr wichtig. Also es schafft sicher die Basis für die Erfolge, mit den Trainern, mit der Infrastruktur, mit den Teamkollegen, mit den anderen Trainingsgruppen, die auch mittlerweile zu Kollegen geworden sind.“ (8, 975-977).</i>	
	6.4 Tragen von Vereinskleidung	<i>Wir haben tatsächlich ein paar Identifikationsmöglichkeiten. Sei das jetzt über die grüne Farbe, die einmal ausgesucht worden ist von den Ersten, die diesen Verein gestaltet haben, wo wir noch gar nicht als Verein organisiert gewesen sind. Weil als wir das erste Mal an ein Turnier gegangen sind, ... man will ja eine Uniform, ... und das hat sich durchgezogen. (13, 874-878)</i>	

	6.5 Situationen AussenseiterIn	als	„Zum Beispiel, wenn sie einen Match haben und sie sind am Verlieren, dann fühlt man sich nicht so wohl, weil man meint sie verlieren.“ (6, 511-512)	
	6.6 Besonderheiten am Verein		„Wir haben ein Vereinslied, das wir singen, wenn es dann nötig ist, ... ein gewisses Wir-Gefühl haben wir entwickeln können.“ (13, 878-879)	
7 Platzierung	7.1 Ehrenamtliche Tätigkeit für Verein		„Ja und ich bin noch Revisor, oder einer der zwei Revisoren vom Verein.“ (10, 364-365)	
	7.2 Mitbestimmung Hauptversammlung	an	„Ja, bei uns können alle. Einfach jedes Schüler-, Jugend-, Aktivmitglied, sogar die Passivmitglieder dürfen bei uns abstimmen.“ (13, 434-435)	
	7.3 Interesse an Vereinspolitik		„Eigentlich nicht. Also ich wüsste nicht, mit wem ich sprechen sollte.“ (11, 422)	
	7.4 Diskussion Vereinsangelegenheiten	über	Ja, also es ist natürlich sicher an der GV, ..., dass man dann das Budget sieht, sonst hat man ja eigentlich nie wirklich Zugriff auf das Budget und dann kommt es schon vor, dass man sagt, warum ist der Posten so und könnte man das nicht so oder so machen. (8, 766-769)	
	7.5 Einbringen eigener Ideen in Vereinsarbeit		„Ja haben wir auch schon gemacht, ja. Wir hatten schon viele Ideen, was man noch machen könnte.“ (6, 364-365)	7.5: Einbringen von Ideen in den Verein sowie auch in die Trainingsgestaltung
	7.6 Mitgliedsbeitrag		„Nein ich glaube nicht, das ist glaube ich umsonst. Ich glaube wir müssen nichts bezahlen.“ (6, 388)	
	7.7 Aus und Weiterbildungen im und über den Verein		„Ja, es gibt die Möglichkeit über den Verein J&S Kurse zu machen... und da macht man ja zuerst den Grundkurs und dann kann man Trainer C, B, A und bis Swiss Olympic Trainer.“ (8, 685-687)	